2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765596

1. Entity Name

THE DEPAUL SCHOOL FOR DYSLEXIA, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90027 035 ****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
701 ORANGE AVE CLEARWATER FL 33756 US	701 ORANGE AVE CLEARWATER FL 33756-5232 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2249591 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEISSNER, PAUL A. 250 BELCHER ROAD, NORTH CLEARWATER FL 34625	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENDERSON, BETH 2815 ANDERSON DR N CLEARWATER FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. Angelia Lisciandrello 3123 Egret Terrace Safety Harbor, FL 34695 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RADCLIFFE,THOMAS 3046 KEVLYN CT SAFETY HARBOR.FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WOLF, LYNNE 3620 WOODRIDGE PLACE PALM HARBOR FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jason Vosler 2504 Hibiscus Drive N Belleair Beach, FL 33785 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPENCER, RALPH 1376 WILLIAMS CT CLEARWATER FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Gillian Shields 11901 4th St. N #1202 St. Petersburg, FL 33716 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KROOUPA, SUZANNE 121 PHILLIPS WAY PALM HARBOUR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BALDWIN, MARY 256 MONTE CRISTO BLVD TIERRE VERDE FL 33715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Christine Kelly 1871 Pasadena Drive Dunedin, FL 34698 — ☐ Change ☒ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Thomas Radcliffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #