

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90087 049 *****70.00

DOCUMENT # 765596

1. Entity Name

THE DEPAUL SCHOOL FOR DYSLEXIA, INC.

Principal Place of Business

Mailing Address

**701 ORANGE AVE
 CLEARWATER FL 33756
 US**

**701 ORANGE AVE
 CLEARWATER FL 33756
 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	S LUSCIANDRELLO, ANGELIA 3123 EGRET TERREACE SAFETY HARBOR FL 34695	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADCLIFF, THOMAS 3046 KEVLYN CT SAFETY HARBOR FL 34695	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSLER, JASON 2504 HIBISCUS DRIVE N INDIAN ROCKS BEACH FL 33785	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIELDS, GILLIAN 11901 4TH ST N #1202 SAINT PETERSBURG FL 33716	☒ Delete
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	D KELLY, CHRISTINE 1871 PASADENA DRIVE DUNEDIN FL 34698	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bacher, Mary 1953 Ridgewood Dr. Clearwater, FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hitchings, Tracy 3102 Winchester Dr. Dunedin, FL 34698	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Colquitt, Ron 1531 Gentry St. Clearwater, FL 33755	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Charles Sommers 501 Park St. N. St. Petersburg, FL 33710	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joan Castle-Elmore 1350 Windsor Drive Clearwater, FL 33756	☐ Change ☒ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 707.784-3965

CR2E037 (9/01)