2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am DOCUMENT # 768975 **Secretary of State** 1. Entity Name SWEETWATER EPISCOPAL ACADEMY, INC. 02-12-2001 90227 026 ****61.25 Principal Place of Business Mailing Address % C JOSEPH SITTS % C JOSEPH SITTS 251 E LAKE BRANTLEY DR 251 E LAKE BRANTLEY DR LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2404885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SITTS, C. JOSEPH REV 251 E LAKE BRANTLEY DR LONGWOOD FL 32779 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VICE President, Director _ Change TITLE TITLE ☐ Delete ALLEN, JOHN MACKOLU; CAROL MACKOUL, CAROL NAME BIO SWEETWATER CLUB BLVD. STREET ADDRESS 3430 GOLFVIEW PL STREET ADDRESS (correction) LONGWOOD, FL B2779 CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP PD TITLE □ Delete TITLE Change ☐ Addition SITTS, C J NAME STREET ADDRESS 271 N WATERFORD PLACE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE Delete ☐ Change Addition CROZIER, ROBERT NAME STREET ADDRESS 308 FEATHER PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Delete ☐ Change TITLE TITLE ☐ Addition CHADWICK, SANDRA NAME NAME 2422 BANCHORY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete TITLE Addition ☐ Change NAME NAME

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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SCINATINE SCHOOL REDVOSED 5: 45 2/5/201/

☐ Delete

2/5/200/ 488-3704

☐ Change

☐ Addition

CR2E037 (10/