

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
 01-29-2001 90043 050 \*\*\*150.00

**DOCUMENT # F97000001366**

1. Entity Name

**SCHOOL RENAISSANCE INSTITUTE, INC.**

Principal Place of Business

**901 DEMING WAY., STE 101  
 MADISON WI 53717**

Mailing Address

**PO BOX 45016  
 MADISON WI 53744-5016**

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 **39-1774844**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **UDELL, STUART J**  
 STREET ADDRESS **16 CONNUCOPIA COURT**  
 CITY-ST-ZIP **MADISON WI 53719**

TITLE ☒ Change ☐ Addition  
 NAME **901 Deming Way**  
 STREET ADDRESS **Madison, WI**  
 CITY-ST-ZIP **53717**

TITLE **VD** ☐ Delete  
 NAME **PEEK, DONALD C**  
 STREET ADDRESS **449 RUSK STREET**  
 CITY-ST-ZIP **PITTSBURG TX 75686**

TITLE ☒ Change ☐ Addition  
 NAME **901 Deming Way**  
 STREET ADDRESS **Madison, WI**  
 CITY-ST-ZIP **53717**

TITLE **DCEO** ☐ Delete  
 NAME **BAUM, MICHAEL H**  
 STREET ADDRESS **7301 WHITACRE ROAD**  
 CITY-ST-ZIP **MADISON WI 53717**

TITLE ☒ Change ☐ Addition  
 NAME **901 Deming Way**  
 STREET ADDRESS **Madison, WI**  
 CITY-ST-ZIP **53717**

TITLE **TD** ☐ Delete  
 NAME **PAUL, JUDITH A**  
 STREET ADDRESS **5852 THORSTRAND ROAD**  
 CITY-ST-ZIP **MADISON WI 53705**

TITLE ☒ Change ☐ Addition  
 NAME **901 Deming Way**  
 STREET ADDRESS **Madison, WI**  
 CITY-ST-ZIP **53717**

TITLE **DC** ☐ Delete  
 NAME **PAUL, TERRANCE D**  
 STREET ADDRESS **5852 THORSTRAND ROAD**  
 CITY-ST-ZIP **MADISON WI 53705**

TITLE ☒ Change ☐ Addition  
 NAME **901 Deming Way**  
 STREET ADDRESS **Madison, WI**  
 CITY-ST-ZIP **53717**

TITLE **S** ☐ Delete  
 NAME **SHERLOCK, TIM**  
 STREET ADDRESS **3321 DEER ROAD**  
 CITY-ST-ZIP **WISCONSIN RAPIDS WI 54494**

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 NAME **Steven A. Schmidt**  
 STREET ADDRESS **2911 Peach Street**  
 CITY-ST-ZIP **WISCONSIN RAPIDS WI 54494**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stuart J. Udell**

**1-15-00**

Date

**(608) 664-3880**

Daytime Phone #

CR2E034 (10/00)