

2001 UNIFORM BUSINESS REPORT (UBR)

0023228 AF

DOCUMENT # L00000007252

1. Entity Name

THE NAVIGATOR SCHOOL, LLC

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

611 FRONT STREET
CELEBRATION FL 34747

Mailing Address

602 WISTERIA LANE
CELEBRATION FL 34747

2. Principal Place of Business

3. Mailing Address

611 Front St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Celebration, FL

Zip

Country

Zip

Country

34747

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DIAMOND, PHILIP A
255 SOUTH ORANGE AVENUE, SUITE 1600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Byrd & Gantt, CPAs P.A.
Street Address (P.O. Box Number is Not Acceptable)
3355 W. Vine St.
Suite 102
City Kissimmee FL Zip Code 34741

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME PAULSHOCK, AMY K
STREET ADDRESS 602 WISTERIA LANE
CITY-ST-ZIP CELEBRATION FL 34747

TITLE MGR
NAME BOYER, LANCE
STREET ADDRESS 535 CAMPUS STREET
CITY-ST-ZIP CELEBRATION FL 34747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE mbr
NAME Amy Paulshock
STREET ADDRESS 611 Front St.
CITY-ST-ZIP Celebration, FL 34747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE mbr
NAME Craig Paulshock
STREET ADDRESS 611 Front St
CITY-ST-ZIP Celebration, FL 34747

TITLE mbr
NAME Karin Boyer
STREET ADDRESS 535 Campus St.
CITY-ST-ZIP Celebration, FL 34747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

3-29-01 407-566-0332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)