

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90152 001 ****61.25

DOCUMENT # N00000000049

1. Entity Name

THE BLANKNER SCHOOL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**215 E LIVINGSTON ST
 ORLANDO FL 32801**

**P.O. BOX 560325
 ORLANDO FL 32806**

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

59-3631621

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

**MCCLANE, BROCK
 215 E LIVINGSTON ST
 ORLANDO FL 32801**

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	CDP MCCLANE, J. BROCK 215 E LIVINGSTON ST ORLANDO FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNG, TIM L 1625 HACKNEY AVE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOBERT, LINDA 215 E LIVINGSTON ST ORLANDO FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CINDY 215 E LIVINGSTON ST ORLANDO FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOHN 215 E LIVINGSTON ST ORLANDO FL 32801	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENDA E. HOOD/DIANAMORGAN 210 LANCASTER DR. ORLANDO FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN DARDEN 1821 KALUNA CT ORLANDO FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL PINELL 516 LANCASTER DR. ORLANDO FL 32806	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORTER, CINDY	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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:

J. Brock McClane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 407-872-0600