**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## Jul 19, 2001 8:00 am Secretary of State DOCUMENT # N00000000401 1. Entity Name 04-13-2001 90020 041 \*\*\*\*61.50 THE PENDLETON SCHOOL, INC. Principal Place of Business Mailing Address 5500 34TH ST. W. 5500 34TH ST. W. **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For <u>65.0977862</u> Not Applicable Zip Country Country Zip \$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 Name Street Address (P.O. Box Number is Not Acceptable) ODELL. RICHARD 5500 34TH ST. W. **BRADENTON FL 34210** Zip Code FL 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. ; After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CR2E037 (5/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAND, DAVID S NAME NAME STREET ADDRESS 240 S. PINEAPPLE AVE., 10TH FLOOR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE ☐ Addition ODELL RICHARD NAME STREET ADDRESS 5500 34TH ST. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** TITLE ☐ Delete DDE ☐ Change ☐ Addition MCCOMB, WILLIAM E NAME NAME 1124 N. LAKESHORE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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	EXCELLENCE IN EDUCATION INDLETON SCHOOL WEST PHONE (941) 739-3964		会会			
	INT'L CENTER FOR EXCELLENCE IN D/B/A PENDLETON SCHOOL 5500 347H STREET WEST PHONE (941) BRADENTON FL 34210.3508	rtment of State	100********	Uniform Business Report Division of Corporations P.O. Box 1500	see, FL 32302-1500	
	1NT'L CENTER D 5500 347H S	PAY TO THE Department o	Sixy-One and 50/100***	Uniform Business Division of Corpo		WEMO
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DEPARTMENT OF STATE

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