

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90159 013 ****70.00

DOCUMENT # N00000006341

1. Entity Name

SEMINOLE PREPATORY SCHOOL, INC.



Principal Place of Business

**6101 N HABANA AVE
TAMPA FL 33614**

Mailing Address

**6101 N HABANA AVE
TAMPA FL 33614**

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 **59-3698938**

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

**PECK, HOWARD
6101 N HABANA AVE
TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
BROWN, LOUIS JR
6101 N. HABANA AVENUE
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR D
MAIN, ALASTAIR
6101 N. HABANA AVENUE
TAMPA, FL 33614** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
BECKEL, JACOB
6101 N. HABANA AVENUE
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~**DIRECTOR D
SANTIAO, KAREN
10409 CARROLL GORE PLACE**~~ ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
REINKE, RICK
6101 N. HABANA AVENUE
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR D
SANTIAO, KAREN
6101 N. HABANA AVENUE
TAMPA, FL 33614** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
BLUE, JOE
6101 N. HABANA AVENUE
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAERWALDS, ROGER
6101 N HABAR AVE
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR D
BAERWALDE, ROBERT
6101 N. HABANA AVENUE
TAMPA, FL 33614** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, SCOTT
6101 N HABANA AVE
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

CR2E037 (10/02)