

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90248 011 \*\*\*\*61.25

**DOCUMENT # N01000000652**

1. Entity Name

**BLUE HEART SCHOOL, INC.**



Principal Place of Business

**7315 1ST AVENUE WEST  
BRADENTON FL 34209**

Mailing Address

**27820 67TH AVENUE EAST  
MYAKKA CITY FL 34251-9448**

**90002240**



☐ CHECK HERE IF MAKING CHANGES

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 **65-1071925**

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

**ROHL, CHAD E  
27820 67TH AVENUE EAST  
MYAKKA CITY FL 34251-9448**

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	EDWARD ROHL, CHAD	27820 67TH AVE E	MYAKKA CITY FL 34251	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPTD	CASTNER ROHL, MICHELLE	27820 67TH AVENUE EAST	MYAKKA CITY FL 34251	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	DAVENPORT ROHL, MELISSA	756 TROJAN RD	VENICE FL 34293	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LUDWRG CASTNER, GRETCHER	2048 CLEMATTS STREET	SARASOTA FL 34239	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ROHAN SYLVESTER, KIMBERLY	9927 FRUITVILLE RD	SARASOTA FL 34240	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ATTENBERND, GREG	3403 CAMBRIDGE DR W	BRADENTON FL 34203	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Michael E. Fleck* President

1/13/03

941-322-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)