

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90226 005 *****61.25

DOCUMENT # NO1000002138

1. Entity Name

THE IMAGINE SCHOOL, INC.



Principal Place of Business

P.O. BOX 3254
W PALM BCH FL 33402

Mailing Address

P.O. BOX 3254
W PALM BCH FL 33402

20030300



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 **65-1159655**

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

MILLIGAN, ALPHONSO S ESQ.
~~STE 201 E PARK DR~~ Suite, 6 2580 metrocentre
~~PALM BCH GARDENS FL 33410~~ Boulevard
West Palm Beach, FL
33407

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

Alphonso S. Milligan Esquire

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 **D** ☐ Delete
NAME **ALLERDYCE, DIANE R**
STREET ADDRESS **508 SE 16TH AVENUE - 3RD AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **T. ROBERT GIESE - DIRECTOR** ☐ Change ☒ Addition
NAME **T. ROBERT GIESE**
STREET ADDRESS **3636 WHITEHALL DR. 404**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** ☒ Delete
NAME **MILLIGAN, ALPHONSO S**
STREET ADDRESS **P.O. BOX 3254**
CITY-ST-ZIP **WEST PALM BEACH FL 33402**

TITLE **Terry Gittler - Director** ☐ Change ☒ Addition
NAME **Terry Gittler**
STREET ADDRESS **2517 25th Ln**
CITY-ST-ZIP **Palm Bch Gardens FL 33418**

TITLE **D** ☐ Delete
NAME **COPPOCK, MARK S**
STREET ADDRESS **626 NORTH DIXIE HIGHWAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Mark Coppock* **MARK COPPOCK** Sec/Treas 3-28-03 861-366-5095

CR2E037 (10/02)