

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90281 024 \*\*\*\*70.00

**DOCUMENT # N01000002732**

1. Entity Name

**INDIGO WATERS PRIVATE SCHOOL, INC.**

Principal Place of Business

Mailing Address

**454 N SUGAR MILL ROAD  
 OVIEDO FL 32765**

**454 N SUGAR MILL ROAD  
 OVIEDO FL 32765**

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

**59-3717198**

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

**WARE, KENNA L  
 454 N SUGAR MILL ROAD  
 OVIEDO FL 32765**

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 ☐ Delete  
 NAME **D WARE, KENNA L**  
 STREET ADDRESS **454 N SUGAR MILL ROAD**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Change ☒ Addition  
 NAME **D, V FERRON, TISHA**  
 STREET ADDRESS **7309 VICTORIA CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete  
 NAME **D BRYANT, CAROL**  
 STREET ADDRESS **2644 QUEEN MARY PLACE**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☒ Addition  
 NAME **D WILSON, JEFF**  
 STREET ADDRESS **3405 WHIPPOORWILL COURT**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D, T SHUGRUE, K. SAM**  
 STREET ADDRESS **5000 WATERVISTA DRIVE**  
 CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D OLSON, GREGORY M.**  
 STREET ADDRESS **1880 CHILEAN LANE**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D KANE, SHELLY**  
 STREET ADDRESS **1131 OXFORD ROAD**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **D, P WARE, KENNA L**  
 STREET ADDRESS **454 N SUGAR MILL ROAD**  
 CITY-ST-ZIP **OVIEDO FL 32765**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**WARE, KENNA L**

**4/18/02**

Date

**407/365-6807**

Daytime Phone #

CR2E037 (9/01)