

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90147 047 ****61.25

DOCUMENT # N01000002732

1. Entity Name

INDIGO WATERS LEARNING COMMUNITY, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2644 QUEEN MARY PLACE

3. Mailing Address

2644 QUEEN MARY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MAITLAND FL

City & State
MAITLAND FL

4. FEI Number **59-3717198**

Applied For

Not Applicable

Zip
32751

Country
US

Zip
32751

Country
US

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 **BRYANT, CAROL**

Street Address (P.O. Box Number is Not Acceptable)
2644 QUEEN MARY PLACE

City **MAITLAND**

FL

Zip Code
32751

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

Carol Bryant

CAROL BRYANT

3/31/03

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

TITLE **D P** ☐ Change ☒ Addition
NAME **GASPARI, JENNIFER**
STREET ADDRESS **2234 CHADBourn CT**
CITY-ST-ZIP **ORLANDO FL 32837**

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

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

TITLE **DV** ☐ Delete
NAME **FERRON, TISHA**
STREET ADDRESS **7309 VICTORIA CIR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Change ☒ Addition
NAME **SHRAUGER, HOLLIE**
STREET ADDRESS **952 OLIVE DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **D** ☒ Delete
NAME **WILSON, JEFF**
STREET ADDRESS **3405 WHIPPOORWILL CT**
CITY-ST-ZIP **SANFORD FL 32773**

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

TITLE **DT** ☐ Delete
NAME **SHUGRUE, K. SAM**
STREET ADDRESS **5000 WATERVISTA DR**
CITY-ST-ZIP **ORLANDO FL 32821**

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

TITLE **D** ☒ Delete
NAME **KANE, SHELLY**
STREET ADDRESS **1131 OXFORD RD**
CITY-ST-ZIP **WINTER PARK FL 32789**

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: *Carol Bryant* **CAROL BRYANT** **3/31/03** **407-628-5417**

CR2E037 (10/02)