

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004518

FILED
Apr 10, 2003
Secretary of State

Entity Name: THE NAVIGATOR SCHOOL, INC.

Current Principal Place of Business:

611 FRONT STREET
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

611 FRONT STREET
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3734481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULSHOCK, AMY
611 FRONT STREET
CELEBRATION, FL 34747

Name and Address of New Registered Agent:

NEILSON, ALTHA
607 CELEBRATION AVE
CELEBRATION, FL 34747

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: ALTHA NEILSON

04/10/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAULSHOCK, AMY
Address: 611 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: PAULSHOCK, CRAIG
Address: 611 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: BOYER, LANCE
Address: 535 CAMPUS STREET
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: BOYER, KARIN
Address: 535 CAMPUS STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NEILSON, KENT
Address: 607 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

Title: VPTD (X) Change () Addition
Name: NEILSON, NEILSON
Address: 607 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTHA NEILSON

VP

04/10/2003

Electronic Signature of Signing Officer or Director

Date