

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90236 003 \*\*\*\*61.25

**DOCUMENT # N02000000049**



1. Entity Name  
**OLYMPIA HIGH SCHOOL FOUNDATION, INC.**

Principal Place of Business  
**300 S. ORANGE AVE. STE. 1000  
ORLANDO FL 32801-3373**

Mailing Address  
**300 S. ORANGE AVE. STE. 1000  
ORLANDO FL 32801-3373**

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

**04-3590901**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLARD, JAMES G  
300 S. ORANGE AVE. STE. 1000  
ORLANDO FL 32801-3373**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLARD, JAMES G</b>	
STREET ADDRESS	<b>300 S. ORANGE AVE. STE. 1000</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801-3373</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, NIKI T</b>	
STREET ADDRESS	<b>9706 LAKE ISLEWORTH COURT</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRATT, JANICE M</b>	
STREET ADDRESS	<b>4301 S. APOPKA-VINELAND RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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 file 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 REQUIRED**

*Handwritten signature* **7/28/03 407-423-3200**

CR2E037 (10/02)