

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

0007248

DOCUMENT # N02000007588

1. Entity Name

FISHER ISLAND DAY SCHOOL, INC.



07-21-2003 90357 040 ****70.00

Principal Place of Business

**2 FISHER ISLAND DR.
FISHER ISLAND FL 33109**

Mailing Address

**2 FISHER ISLAND DR.
FISHER ISLAND FL 33109**

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

06-1650070

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

**LEWIS, HAROLD L ESQ.
ONE BISCAYNE TOWER - SUITE 2400
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131**

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

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
After September 10, 2003, min will be \$236.25**

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 **PD** Delete
NAME **PEARCE, MICHAEL**
STREET ADDRESS **2036 FISHER ISLAND DRIVE**
CITY-ST-ZIP **FISHER ISLAND FL 33109**

TITLE **PRESIDENT + SECRETARY/TREASURER** Change Addition
NAME **MICHAEL PEARCE**
STREET ADDRESS **2036 FISHER ISLAND DR**
CITY-ST-ZIP **FISHER ISLAND, FL 33109**

TITLE **VD** Delete
NAME **POTAMKIN, ROBERT**
STREET ADDRESS **7714 FISHER ISLAND DRIVE**
CITY-ST-ZIP **FISHER ISLAND FL 33109**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** Delete
NAME **GARFUNKEL, MARIANA**
STREET ADDRESS **7782 FISHER ISLAND DRIVE**
CITY-ST-ZIP **FISHER ISLAND FL 33109**

TITLE **DIRECTOR** Change Addition
NAME **MELVIN TONKON, MD**
STREET ADDRESS **2661 VICTORIA DRIVE**
CITY-ST-ZIP **LAGUNA BEACH, CA 92651**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michael E. Pearce* **MICHAEL E. PEARCE** 7-16-03 305-338-5231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)