

**N03000004644**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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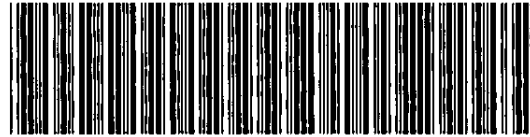
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ambleside School of Ocala, Inc..  
(Name of Corporation)

**DOCUMENT NUMBER:** N03000004644

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Allan Maitha**

(Name of Person)

**Ambleside School of Ocala**

(Name of Firm/Company)

**4509 SE 31st Pl.**

(Address)

**Ocala, FL 34480**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Donna Ostermann**

(Name of Person)

at **352** **694-1635**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Allan Maitha, hereby resign as Board Member  
(Title)

of Ambleside School of Ocala, Inc.  
(Name of Corporation)

N03000004644, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Allan Maitha  
(Signature of resigning officer/director)

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SEP 27 PM 1:25  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314