

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43782

1. Entity Name

FLORIDA COUNCIL OF INDEPENDENT SCHOOLS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90249 005 ****61.25

| | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Principal Place of Business INTERSTATE BLDG. 1211 N WESTSHORE BLVD., SUITE 612 TAMPA FL 33607 | Mailing Address INTERSTATE BLDG. 1211 N WESTSHORE BLVD., SUITE 612 TAMPA FL 33607-4624 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-0816894 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLISS, C. SKARDON
1211 N WESTSHORE BLVD.
SUTIE 612
TAMPA FL 33607

| | |
|----------------------------------------------------|-------------|
| 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.

SIGNATURE _____ (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 Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|----------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> Delete GEHMAN, RICHARD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 8009 SW. 14 AVE | NAME | |
| STREET ADDRESS | GAINSVILLE FL 32607 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete JABLON, WILLIAM W. | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1111 SANDHURST | NAME | |
| STREET ADDRESS | TALLAHASSEE FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete LUTTON, JOAN, ED.D. | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 167 NW 109TH ST. | NAME | |
| STREET ADDRESS | MIAMI FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *C. Skardon* **REQUIRED** Skardon Bliss 1/11/00 813-287-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #