

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N44250**

1. Entity Name

WALDEN COMMUNITY SCHOOL, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90142 015 ****61.25

Principal Place of Business

Mailing Address

**657 MINOLA DR
MIAMI SPRINGS FL 33166
US****657 MINOLA DR
MIAMI SPRINGS FL 33166-6039
US**

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

65-0281897

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HENSHAW, HARY V
831 NE 182ND ST
UNIT 54
N MIAMI BEACH FL 33162**

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

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**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 ☐ Delete
NAME **PD**
STREET ADDRESS **BAKER, MR. TED**
CITY-ST-ZIP **9755 SW 84TH AVE
MIAMI FL**TITLE ☐ Change ☒ Addition
NAME **Executive Director**
STREET ADDRESS **DR Harry Henshaw**
CITY-ST-ZIP **831 NE 182ND ST
N Miami Beach FL 33162**TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **MOORE, MS. MERCHANT**
CITY-ST-ZIP **2000 BAYSHORE DRIVE, #8
MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **TOOMER, DR. JEFF**
CITY-ST-ZIP **P.O BOX 650144 N/A
MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Henshaw Ed.D. Executive Director 1/17/00 305 884 6468