

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005683

1. Entity Name

BLACKSTONE PREP, A NONPROFIT EDUCATIONAL CORPORA

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90001 037 ****61.25

Principal Place of Business

4815 E. BUSCH BLVD
 SUITE 105
 TAMPA FL 33617
 US

Mailing Address

P.O. BOX 290081
 TAMPA FL 33687
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 470385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CELEBRATION, FL

4. FEI Number

59-3295188

Applied For

Not Applicable

Zip

Country

Zip

Country

34747

OSCEOLA

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

WALDER, LYNNE
 777 S HARBOUR ISLAND BLVD
 SUITE 175
 TAMPA FL 33602

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 LONGWORTH, MIMI
 606 SURREY LN
 LUTZ FL 33549 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 308 CHARLESTON PLACE
 CELEBRATION, FL 34747 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVT
 TAYLOR, PATRICIA L
 4203 OKARA RD
 TAMPA FL 33617 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 CADDY, HELEN J
 257 TOWERIDGE DRIVE SW
 MARIETTA GA ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 The Nunn Complex, Studio K
 585 COBB PARKWAY SOUTH
 MARIETTA, GA 30062 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

MIMI LONGWORTH

6/01

407-566-0345

CR2E037 (10/00)