

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

DOCUMENT # N95000002941

1. Entity Name

RENAISSANCE SCHOOL, INC.

08-11-2002 90172 017 ****61.25

Principal Place of Business

750 W LUMSDEN RD
 BRANDON FL 33511

Mailing Address

750 W LUMSDEN RD
 BRANDON FL 33511

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0591474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CURRY, CLIFTON C JR
 750 W LUMSDEN RD
 BRANDON FL 33511

7. Name and Address of New Registered Agent

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

After September 13, 2002,
 min. will be \$236.25.

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEITCH, KATHY	
STREET ADDRESS	14661 LAKE OLIVE DR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEITCH, ROBERT A	
STREET ADDRESS	14661 LAKE OLIVE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, KATHERINE	
STREET ADDRESS	6402 SHOAL CREEK CIRCLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PASTERZ, LINDA	
STREET ADDRESS	9165 TEMPLE RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHURCH, DONNA	
STREET ADDRESS	7 PEPITA ST	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams Katherine	
STREET ADDRESS	9131 Buttercup Ct	
CITY-ST-ZIP	Ft Myers FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *KATHY LEITCH* 8-6-02 275-2022

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CR2E037 (4/02)