

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90018 032 ****61.25

0015112

DOCUMENT # N95000004027

1. Entity Name

INSTITUTE FOR SCHOOL INNOVATION, INC.

Principal Place of Business

**1355 EAST TENNESSEE ST
TALLAHASSEE FL 32308**

Mailing Address

**POST OFFICE BOX 13296
TALLAHASSEE FL 32317-3296**

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

59-3331703

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

**BUTZIN, SARAH M DR.
1628 WOODGATE WAY
TALLAHASSEE FL 32312**

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 **PD** ☐ Delete
NAME **BUTZIN, SARAH M DR.**
STREET ADDRESS **1628 WOODGATE WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **VPD** ☐ Delete
NAME **BUTZIN, PETER**
STREET ADDRESS **1339 EAST TENNESSEE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32308-5107**

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

TITLE **D** ☐ Delete
NAME **GUNTER, MARY**
STREET ADDRESS **120 LOWERY PLACE**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **26 yacht Club Dr.**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **SD** ☐ Delete
NAME **REISER, ROBERT DR.**
STREET ADDRESS **307 STONE BLDG., FL STATE UNIVERSITY**
CITY-ST-ZIP **TALLAHASSEE FL 32306**

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

TITLE **D** ☐ Delete
NAME **SIMMONS, DIANA**
STREET ADDRESS **4983 KEOHONE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32306**

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

TITLE **D** ☐ Delete
NAME **PRINE, ELAINE**
STREET ADDRESS **ROUTE 3 BOX 127C**
CITY-ST-ZIP **MONTECELLO FL 32344**

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)