

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90900 028 \*\*\*\*66.25

**DOCUMENT # N95000004027**

1. Entity Name

**INSTITUTE FOR SCHOOL INNOVATION, INC.**



Principal Place of Business

**1339 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

**BUTZIN, SARAH M DR.  
1628 WOODGATE WAY  
TALLAHASSEE FL 32308**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BUTZIN, SARAH M DR.**  
STREET ADDRESS **1628 WOODGATE WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VPD** ☐ Delete  
NAME **BUTZIN, PETER**  
STREET ADDRESS **1628 WOODGATE WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
NAME **GUNTER, MARY**  
STREET ADDRESS **26 YACHT CLUB DR**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** ☐ Delete  
NAME **REISER, ROBERT DR.**  
STREET ADDRESS **2315 MONACO DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
NAME **SIMMONS, DIANA**  
STREET ADDRESS **4983 KEOHONE DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sarah M. Butzin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

850-671-3706

CR2E037 (10/02)