2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000002257** 1. Entity Name

INTERNATIONAL BACCALAUREATE FOUNDATION OF CHOCTA WHATCHEE HIGH SCHOOL, INC.

Principal Place of Business 110 N.W. RACETRACK ROAD FORT WALTON BEACH FL 32547		Mailing Address							
		110 N.W. RACETRACK ROAD FORT WALTON BEACH FL 32547			1- 1- 1- 1-				
2. Principal	Place of Busin	ness	3. Mailing Address						
						1 1846/101 818 1814	OLAN BRINA BRINA B	afil ealif adifa itele i	88) 9
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied For Not Applicable				
Zip Country ~		Zip	p Country		5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registere			egistered Agent	ed Agent		7. Name and Address of New Registered Agent			
				======Name	,——			giotorea Agoin	
FLEET, H. BART				Street	Street Address (P.O. Box Number is Not Acceptable)				
1201 EGLIN PARKWAY SHALIMAR FL 32579									
				City	ty		FL Zip Code		
8. The abov	e named entity	submits this statement for t	he purpose of changing its	registered office	or register	red agent, or both, in the	e state of Floric		
				•	J	and any are actually are affective	01010 01 7 10110	aa.	
	,	. *							
SIGNATURE		or printed name of registered agent and	title if applicable (NOTE	: Registered Agent sign	natura raquiros	(uhan rainstatina)			
				riegisterad Agent sigi	natore required	when redistating)		DATE	
<u>و</u>			9 Floation Con	npaign Financing					
•	FILE NOW	: FEE IS \$61.25	Trust Fund C		' _□	\$5.00 May Be Added to Fees		Check Paya	
						7,0000 to 1 555	Del	partment of S	late
10.		OFFICERS AND DIRE	CTODE	11.			TO OFFICERS	AND DIDEOTOR	0.101.40
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NAME	MACCARRO	OLL, MICHAEL	☐ Delete	TITLE NAME		ADDITIONS/CHANGES	TO OFFICERS		
NAME STREET ADDRESS	MACCARRO 322 NORTH	OLL, MICHAEL HEAST SUDDUTH CIRCL	☐ Delete	TITLE NAME STREET ADDRESS		ADDITIONS/CHANGES	TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP	MACCARRO 322 NORTH FORT WAL	OLL, MICHAEL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES	TO OFFICERS	☐ Char	ge 🗋 Addition
NAME STREET ADDRESS	MACCARRO 322 NORTH FORT WAL	DLL, MICHAEL HEAST SUDDUTH CIRCL TON BEACH FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS/CHANGES	TO OFFICERS		ge 🗋 Addition
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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 ther like empowered.

CITY-ST-ZIP

SIGNATURE:

FORT WALTON BEACH FL 32547

CITY-ST-ZIP

FILED

05-16-2002 90029 029 ****61.25

May 16, 2002 8:00 am § Secretary of State