

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0042574

03-29-2002 91404 050 \*\*\*\*61.25

**DOCUMENT # N96000003212**

1. Entity Name

**ACADEMY FOR THE GIFTED, INC.**

Principal Place of Business

**337 7TH AVE. NORTH  
TIERRA VERDE FL 33715**

Mailing Address

**337 7TH AVE. NORTH  
TIERRA VERDE FL 33715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2698127**

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

**CHASE, DEBRA K  
337 7TH AVE. NORTH  
TIERRA VERDE FL 33715**

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

*Debra Chase*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3-19-02*

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	<b>PVPD</b>	<input type="checkbox"/> Delete
NAME	<b>CHASE, DEBRA K</b>	
STREET ADDRESS	<b>337 7TH AVE. NORTH</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MIZWA, MICHELLE</b>	
STREET ADDRESS	<b>C/O 337-7 AVENUE NORTH</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715-1858</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>PENDER, GAIL</b>	
STREET ADDRESS	<b>C/O 337-7 AVENUE NORTH</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Debra Chase*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*3-19-02 (727) 804-3083*  
Date Daytime Phone #

CR2E037 (9/01)