

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001813

1. Entity Name

THE RENAISSANCE PROGRESSIVE SCHOOL, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90040 016 ****61.25

Principal Place of Business
6075 SO. FLORIDA AVE
LAKELAND FL 33813
US

Mailing Address
6075 SO. FLORIDA AVE
LAKELAND FL 33813-3302
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3443081
Applied For
Not Applicable

Zip
Country

Zip
Country

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

MELISSA, MARI-JEAN
6075 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PDTS			
	MELISSA, MARI-JEAN	1015 SO OAK AVE	BARTOW FL 33830	
	VD			
	MCKINLEY, WILLIAM T.	1015 SO OAK AVE	BARTOW FL 33830	
	D			
	WECHSLER, MERCEDES R.	1134 SUNSET DR.	WINTER PARK FL 32789	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Maria Elena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)