2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State
07-25-2002 90120 031 ****61.25

DOCUMENT # N97000001813

1. Entity Name

THE RENAISSANCE PROGRESSIVE SCHOOL, INC. ✓

41056

Principal Place of Business	Mailing Address
6825 CREWS LAKE RD LAKELAND FL 33813 US	6825 CREWS LAKE RD LAKELAND FL 33813 US

DO NOT WRITE IN THIS SPACE

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 59-3443081 ☐ 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
MELISSA, MARI-JEAN 6825 CREWS LAKE DR LAKELAND FL 33813	Name SARAH ROBERTSON Street Address (P.O. Box Number is Not Acceptable) 6825 CREWS LAKE RD City LAKELAND FL Zip Code 33813

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 Sarah Robertson SARAH ROBERTSON, PRESIDENT 7-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	PDTS MELISSA, MARI-JEAN 1015 SO OAK AVE BARTOW FL 33830	☒ Delete	TITLE D P NAME SARAH ROBERTSON STREET ADDRESS 6825 CREWS LAKE RD CITY-ST-ZIP LAKELAND, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURRIS, JAMIE 1325 SUMMIT UCHASE DR LAKELAND FL 33813	☒ Delete	TITLE D S NAME PEGGY BURR STREET ADDRESS 606 W. PATTERSON ST CITY-ST-ZIP LAKELAND FL 33803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WECHSLER, MERCEDES R. 1134 SUNSET DR. WINTER PARK FL 32789	☒ Delete	TITLE D NAME DON DREFKE STREET ADDRESS 1330 STATELY OAKS DR CITY-ST-ZIP WINTER HAVEN FL 33881	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LOLA PO BOX 2252 LAKELAND FL 33806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALDEMAN, JOHN 2320 NEW JERSEY LAKELAND FL 33803	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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 Robertson SARAH ROBERTSON 7-22-02 863-647-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #