

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003424

1. Entity Name

FLORIDA INDEPENDENT SCHOOL ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90029 021 ****70.00

Principal Place of Business

Mailing Address

536 CORAL WAY
CORAL GABLES FL 33134536 CORAL WAY
CORAL GABLES FL 33134-4915

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

65-0720110

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

WORSHAM, NANCY
 C/O THE GROWING PLACE
 536 CORAL WAY
 CORAL GABLES FL 33134

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 VD ☐ Delete
 NAME CAMPBELL, SHANNON
 STREET ADDRESS 536 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P/D ☒ Change ☐ Addition
 NAME Shannon Campbell
 STREET ADDRESS 536 Coral Way
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE PD ☒ Delete
 NAME ROSENDAHL, SUSAN N
 STREET ADDRESS 1150 STANFORD DR
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE V/D ☐ Change ☒ Addition
 NAME Anita Lonstein
 STREET ADDRESS 3275 W. Oakland Park Blvd.
 CITY-ST-ZIP Ft. Lauderdale FL 33311

TITLE TD ☒ Delete
 NAME WORSHAM, NANCY
 STREET ADDRESS 536 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T/D ☐ Change ☒ Addition
 NAME Sharon Waldbillig
 STREET ADDRESS 17700 SW 280 St.
 CITY-ST-ZIP Homestead, FL 33031

TITLE SD ☐ Delete
 NAME SANCHEZ, CARIDAD
 STREET ADDRESS 6825 SW 127 AVE
 CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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:

Sharon Waldbillig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
 Date

305-247-7399
 Daytime Phone #

CR2E037 (9/99)