

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003424

1. Entity Name

FLORIDA INDEPENDENT SCHOOL ASSOCIATION, INC.

Principal Place of Business

536 CORAL WAY  
CORAL GABLES FL 33134

Mailing Address

536 CORAL WAY  
CORAL GABLES FL 33134

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

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

7. Name and Address of New Registered Agent

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  
After September 12, 2001, 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

TITLE PD  
NAME CAMPBELL, SHANNON  
STREET ADDRESS 536 CORAL WAY  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE VD  
NAME LONSTEIN, ANITA  
STREET ADDRESS 3275 W OAKLAND PARK BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE TD  
NAME WALDBILLIG, SHARON  
STREET ADDRESS 17700 SW 280 ST  
CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Louis R. Farrell  
STREET ADDRESS 28800 SW 152 Avenue  
CITY-ST-ZIP Homestead, FL 33033

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

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

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

TITLE ☐ Change ☐ Addition  
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, Sharon I. Waldbillig, 2005-04-27-2006

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90027 041 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)