

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004167

1. Entity Name

THE ELLES SCHOOL, INC.

FILED

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90137 011 ****61.25

Principal Place of Business

Mailing Address

1325 NORTH A STREET
LAKE WORTH FL 33460
US

1325 NORTH A STREET
LAKE WORTH FL 33460
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0777849

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

TAMAYO, DENISE
624 N. LAKESIDE DR.
LAKE WORTH FL 33460

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 ☐ 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 PD ☐ Delete
NAME TAMAYO, DENISE
STREET ADDRESS 624 N. LAKESIDE DRIVE
CITY-ST-ZIP LAKE WORTH FL 33460

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

TITLE VSD ☒ Delete
NAME DOCSA, DEBBRA J
STREET ADDRESS 1 SO. LAKESIDE DRIVE
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE VSD ☒ Change ☐ Addition
NAME Klein, Jayne
STREET ADDRESS 13027 SW 41st St.
CITY-ST-ZIP Ft. Lauderdale, FL 33330

TITLE SD ☐ Delete
NAME KING, DAVID
STREET ADDRESS 119 SEVILLE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

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

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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:

Denise E. Tamayo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

(561) 588-1954

Daytime Phone #

CR2E037 (9/01)