(REVISIONS)

07-05-2001 90172 025 ****61.25
N98000000221

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -5 AM 11:58

DOCUMENT # N98000000221

1. Entity Name

NEW RAMAN RETI SCHOOL (LA)

C0072426

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
17414 NW 112TH BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALACHUA, FL	City & State
Zip: 32615 Country: USA	Zip Country

4. FEI Number 59-3493590 ☐ 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
NANCY GLICK 17414 NW 112TH BLVD. ALACHUA, FL 32615	Name: PIERRE LEMIEUX Street Address (P.O. Box Number is Not Acceptable): 18024 NW 112TH BLVD. City: ALACHUA FL Zip Code: 32615

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: PIERRE LEMIEUX DIRECTOR 7/1/2001
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	DIRECTOR NANCY GLICK 17414 NW 112TH BLVD. ALACHUA, FL 32615 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KARTAMASA DASA DELANEY 2102 SHERWOOD OAKS ALACHUA, FL 32615 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LINDA HICKEY 40925 NW CR 239 ALACHUA, FL 32615 ☐ 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 DIRECTOR PIERRE LEMIEUX 18024 NW 112TH BLVD ALACHUA, FL 32615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DIRECTOR NANCY DELANEY 15213 NW 89TH STREET ALACHUA, FL 32615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DIRECTOR DAVID E. AGUILERA 10103 NW 209TH LANE ALACHUA, FL 32615	☐ Change ☒ Addition

CR2E037 (11/00)

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: PIERRE LEMIEUX 7/1/2001 386-462-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #