

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90026 011 \*\*\*\*70.00

**DOCUMENT # N98000000486**

1. Entity Name

**SISTER SCHOOLS NETWORK FOR INTERCULTURAL UNDERST** ✓

Principal Place of Business

Mailing Address

628 FLORAL DRIVE  
 KISSIMMEE FL 34743

628 FLORAL DRIVE  
 KISSIMMEE FL 34743-9421

2. Principal Place of Business

**3879 EVERSHOLT Circle**

3. Mailing Address

**3879 EVERSHOLT Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLERMONT FLORIDA**

City & State

**CLERMONT FLORIDA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**34711**

Country

**U.S.**

Zip

**34711**

Country

**U.S.**

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

**MALINSKY, FRANCISCO C**  
 628 FLORAL DRIVE  
 KISSIMMEE FL 34743

Name

~~MALINSKY, FRANCISCO C~~

Street Address (P.O. Box Number is Not Acceptable)

**3879 EVERSHOLT Circle**

City

**CLERMONT FL 8**

**FL**

Zip Code

**34711**

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  Delete  
 NAME **D MALINSKY, FRANCISCO C DR**  
 STREET ADDRESS **628 FLORAL DRIVE**  
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE  Change  Addition  
 NAME **D MALINSKY, FRANCISCO C DR.**  
 STREET ADDRESS **3879 EVERSHOLT Circle**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE  Delete  
 NAME **D KENNEDY, WAYNE C DR**  
 STREET ADDRESS **4304 KANDRA CT**  
 CITY-ST-ZIP **BELLE ISLE FL 32812**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MUNAS, MARK**  
 STREET ADDRESS **817 BILL BECK BLVD**  
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LINVILLE, BARRY**  
 STREET ADDRESS **1603 REGAL OAK DRIVE**  
 CITY-ST-ZIP **KISSIMMEE FL 34744**

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:

*Wayne Kennedy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 18, 2000*  
 Date

*407 344 5060*  
 Daytime Phone #

CR2E037 (9/99)