

2000 UNIFORM BUSINESS REPORT (UBR)

0013333

DOCUMENT # N98000000800

1. Entity Name

REGIONAL INDEPENDENT SECONDARY SCHOOL INC.

FILED

00 DEC 14 PM 5:11

Principal Place of Business

3733 SE DOUBLETEN DR
STUART FL 34997

Mailing Address

3733 SE DOUBLETEN DR
STUART FL 34997

2. Principal Place of Business

10218 SE Banyan Way

Suite, Apt. #, etc.

3. Mailing Address

10218 SE Banyan Way

Suite, Apt. #, etc.

City & State

Tequesta, FL 33469

City & State

Tequesta, FL 33469

Zip

33469

Country

USA

Zip

33469

Country

USA

4. FEI Number

65-0881863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SZCZEPANIK, S. RICHARD
3733 SE DOUBLETEN DR
STUART FL 34997

7. Name and Address of New Registered Agent

Name **Barbara M. Behl**
Street Address (P.O. Box Number is Not Acceptable)
10218 SE Banyan Way
City **Tequesta** **FL** Zip Code **33469**

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

Barbara M. Behl

11/29/00

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 13, 2000 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 **D** ☐ Delete
NAME **BEHL, BARBARA M**
STREET ADDRESS **10218 SE BANYAN WAY**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☐ Delete
NAME **GLOVER, DAWSON C III**
STREET ADDRESS **16 RIVERVIEW DR.**
CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Delete
NAME **MARTYN, DEBORAH**
STREET ADDRESS **POST OFFICE BOX 3765**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **C/D** ☐ Delete
NAME **PRISCO, JEFFREY M**
STREET ADDRESS **3702 SE DOUBLETEN DRIVE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☒ Delete
NAME **RAYNOR, JEFFREY S**
STREET ADDRESS **14155 U.S. HIGHWAY ONE #304**
CITY-ST-ZIP **JUNO BEACH FL 33408-1499**

TITLE **T** ☐ Delete
NAME **SZCZEPANIK, S. RICHARD**
STREET ADDRESS **1 RIVER CREST COURT**
CITY-ST-ZIP **STUART FL 34996**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **800003856598--4**
STREET ADDRESS **-03/16/01--01100--006**
CITY-ST-ZIP *****236.25 ***236.25**

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: **Barbara M. Behl**, President 561/744-8703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)