

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000800**

1. Entity Name

REGIONAL INDEPENDENT SECONDARY SCHOOL INC.

Principal Place of Business

**10218 S.E. BANYAN WAY
TEQUESTA FL 33469**

Mailing Address

**10218 S.E. BANYAN WAY
TEQUESTA FL 33469**

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 **65-0881863**

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

**BEHL, BARBARA M
10218 S.E. BANYAN WAY
TEQUESTA FL 33469**

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**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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	BEHL, BARBARA M	10218 SE BANYAN WAY	TEQUESTA FL 33469	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GLOVER, DAWSON C III	16 RIVERVIEW DR.	STUART FL 34996	<input type="checkbox"/>	T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARTYN, DEBORAH	POST OFFICE BOX 3765	TEQUESTA FL 33469	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
C/D	PRISCO, JEFFREY M	3702 SE DOUBLETON DRIVE	STUART FL 34997	<input type="checkbox"/>	D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	RAYNOR, JEFFREY S	14155 U.S. HIGHWAY ONE #304	JUNO BEACH FL 33408-1499	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	SZCZEPANIK, S. RICHARD	1 RIVER CREST COURT	STUART FL 34996	<input type="checkbox"/>	D				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90112 039 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)