

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002337

1. Entity Name

EXPLORER ELEMENTARY AND MIDDLE SCHOOL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90020 015 ****61.25

Principal Place of Business

Mailing Address

9150 ELLIS RD
 MELBOURNE FL 32904

9150 ELLIS RD
 MELBOURNE FL 32904-1020

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

59-3514011

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

PEARCE, LAURA B
 MACFARLANE FERGUSON & MCMULLEN
 106 E COLLEGE AVE, SUITE 900
 TALLAHASSEE FL 32301

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 ~~TD~~ ☒ Delete
 NAME MARTIN, CINDY
 STREET ADDRESS 5221 PALONINO DR
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE ~~P/D~~ ☒ Change ☐ Addition
 NAME Paul Hayes
 STREET ADDRESS 1619 Sun Gazer Drive
 CITY-ST-ZIP Rockledge FL 32955

TITLE SD ☒ Delete
 NAME LITTS, DIANE
 STREET ADDRESS 1619 SUN GAZER DR
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☒ Change ☐ Addition
 NAME Susan Edmonds
 STREET ADDRESS 2245 Breezy Circle
 CITY-ST-ZIP Melbourne FL 32935

TITLE D ☒ Delete
 NAME BARDSLEY, DALE
 STREET ADDRESS 3803 PALOMINO ROAD
 CITY-ST-ZIP MELBOURNE FL 32934

TITLE ~~P/D~~ ☒ Change ☐ Addition
 NAME Peggy Thompson
 STREET ADDRESS 2622 Woodmill Dr.
 CITY-ST-ZIP Melbourne FL 32935

TITLE ~~TD~~ ☐ Delete
 NAME BACCUS, SHIRLEY
 STREET ADDRESS 300 ATLANTIC ST
 CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ~~T/D~~ ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME ROCERS, LISA
 STREET ADDRESS 6158 ANCHOR LANE
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Rockledge FL 32955

TITLE ~~PD~~ ☐ Delete
 NAME BARLOW, MITCHELL
 STREET ADDRESS 210 ELM AVE
 CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D ☐ 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:

SHIRLEY P. BACCUS
 SHIRLEY P. BACCUS
 TREAS.

Date

Daytime Phone #

CR2E037 (9/99)