

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-16-2001 90242 047 ****61.25

DOCUMENT # N98000002337

1. Entity Name

EXPLORER ELEMENTARY AND MIDDLE SCHOOL, INC.

Principal Place of Business

9150 ELLIS RD
 MELBOURNE FL 32904

Mailing Address

9150 ELLIS RD
 MELBOURNE FL 32904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, PAUL	
STREET ADDRESS	1619 SUN GAZER DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDMANDS, SUSAN	
STREET ADDRESS	2245 BREEZY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, PEGGY	
STREET ADDRESS	2622 WOODSMILL DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACCUS, SHIRLEY	
STREET ADDRESS	300 ATLANTIC ST	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROCERS, LISA	
STREET ADDRESS	6158 ANCHOR LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARLOW, MITCHELL	
STREET ADDRESS	210 ELM AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hayes, Paul	
STREET ADDRESS	1619 Sun Gazer Drive	
CITY-ST-ZIP	Viera, FL 32955	
TITLE	Burch, Leo D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1811 Hwy 1A #2203	
STREET ADDRESS	Indian Harbour Beach, FL 32937	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Peggy	
STREET ADDRESS	4055 Post Road	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rossi, Steven	
STREET ADDRESS	693 Ixora Drive	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)