

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-06-2002 90078 035 ****61.25

DOCUMENT # N98000002337

1. Entity Name

EXPLORER ELEMENTARY AND MIDDLE SCHOOL, INC.

Principal Place of Business
**9150 ELLIS RD
 WEST MELBOURNE FL 32904**

Mailing Address
**9150 ELLIS RD
 WEST MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3514011**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**BOHNE, KARL
 1803 AIRPORT BLVD.
 MELBOURNE FL 32901**

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: *Paul W. Hayes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/07/02
 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	PD HAYES, PAUL (Chairman) <input type="checkbox"/> Delete 1619 SUN GAZER DRIVE VIERA FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCH, LEO <input checked="" type="checkbox"/> Delete 1811 HWY A1A #2203 INDIAN HARBOUR BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, PEGGY (Secretary) <input type="checkbox"/> Delete 4055 POST ROAD MELBOURNE FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TU BACCUS, SHIRLEY (Treasurer) <input type="checkbox"/> Delete 300 ATLANTIC ST MELBOURNE BEACH FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, STEVEN <input checked="" type="checkbox"/> Delete 693 IKORA DRIVE MELBOURNE FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLOW, MITCHELL <input type="checkbox"/> Delete 210 ELM AVE MELBOURNE BEACH FL 32951

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATERS, JEFF (President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8614 Pinewood Dr., NE Palm Bay, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENFRU, SUSHILA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1790 Goldinch Ct Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSE, GEORGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 450 Windtamer Way Merritt Island, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul W. Hayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02
 Date

321-504-7505
 Daytime Phone #

CR2E037 (9/01)