2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90064 027 ***150.00

DOCUMENT # P01000020209

1. Entity Name
RENAISSANCE SCHOOLS INTERNATIONAL, INCORPORATED

Principal Place of Business	Mailing Address
2419 WINTHROP ST TALLAHASSEE FL 32312	2419 WINTHROP ST TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 13284 Suite, Apt. #, etc.	P.O. Box 13284 Suite, Apt. #, etc.
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE FL
Zip: 32317 Country: USA	Zip: 32317 Country: U.S.A.

4. FEI Number: 59-3710595 ☐ 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
STREIT, SAMUEL M 2419 WINTHROP ST TALLAHASSEE FL 32312	Name: SAMUEL M. STREIT Street Address (P.O. Box Number is Not Acceptable): 1526 Belleau Wood City: TALLAHASSEE FL Zip Code: 32308

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STREIT, SAMUEL M 2419 WINTHROP ST TALLAHASSEE FL 32312	☐ Delete	D/P SAMUEL M. STREIT P.O. BOX 13284 TALLAHASSEE FL 32317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, ROBERTA I 2419 WINTHROP ST TALLAHASSEE FL 32312	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUSTIN, DAVID R 6401 SW 113 PL MIAMI FL 33173	☐ Delete	D/NP DAVID R. CUSTIN 6401 SW 113 PL. MIAMI FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Delete	D PHILIP RUBIN-STREIT P.O. BOX 13284 TALLAHASSEE FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D CONSTANCE K. FREEMAN 3113 MOSSVALE LANE TAMPA FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D MARIA T. PEREZ 4921 SW 151 TERRACE MIRAMAR FL 33027	☐ Change ☒ Addition

CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel M. Streit 4/25/02 850-5667876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #