03/18/2002 16:13 9414559901 E MCINTYRE

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90125 046 ***150.00

DOCUMENT # P96000011851

NICENE SCHOOLS INTERNATIONAL, INC.

Mailing Address
5801 PELICAN BAY BLVD
STE 300
NAPLES FL 34108-2709

DO NOT WRITE IN THIS SPACE

3. Mailing Address	
Suite, Apt. #, etc.	
City & State	4. FEI Number 65-0649778 ☐ Applied For ☐ Not Applicable
Country / Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, GARY K
5801 PELICAN BAY BLVD
STE 300
NAPLES FL 34108-2709

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where applicable)

9. The 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
D ☐ Delete EDGAR, PAUL 150 W HIGH ST SOMERSWORTH, NH 03878	TITLE/D ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
D ☐ Delete SCOTT, OTTO 150 W. HIGH ST. SOMERSWORTH NH 03878	TITLE/D ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
D ☐ Delete CLARK, THOMAS III 150 W. HIGH STREET SOMERSWORTH NH 03878	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 12 above, with an address, with all other like empowered.

SIGNATURE: Rev. Thomas F. Clark III Rev. Thomas F. Clark, III, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR