

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 10, 2001 8:00 am
Secretary of State

05-22-2001 90047 026 ***150.00
 07-10-2001 90003 019 ****35.00

DOCUMENT # P97000102559
 THE WINDERMERE SCHOOL, INC.

Principal Place of Business Mailing Address
 1133 LOUISIANA AVE. STE. 200 1133 LOUISIANA AVE. STE. 200
 WINTER PARK FL 32789 WINTER PARK FL 32789

2. Principal Place of Business 3. Mailing Address
 6189 WINTER GARDEN/VINLAND RD. 6189 WINTER GARDEN/VINLAND RD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 WINDERMERE, FL WINDERMERE, FL
 Zip Country Zip Country
 34786 ORANGE 34786 ORANGE

4. FEI Number 59-0077000
 59-348243 Add'l Fee
 No: App: 000

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

THE AMERICAN SCHOOLS CORPORATION
 1133 LOUISIANA AVE. STE. 200
 WINTER PARK FL 32789

Name JOHN T. MANTHIRE
 Street Address (P.O. Box Number is Not Accepted) 6189 WINTER GARDEN/VINLAND RD.
 City WINDERMERE FL 34786

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

John T. Mantire

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	MANHIRE, JOHN T	6124 ST MES BLVD	ORLANDO FL 32818	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
DIRECTOR	CAPPLEMAN, CAROLYN	1302 KELSO BLVD.	WINDERMERE, FL 34786	☐	☒
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 and 12, unchanged or on an attachment with an address, with all other like empowered

SIGNATURE:

John T. Mantire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

407-905-7700