

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90079 031 ***150.00

DOCUMENT # P97000102559

1. Entity Name

WINDERMERE PREPARATORY SCHOOL, INC.

Principal Place of Business

**6189 WINTER GARDEN/ VINLAND ROAD
WINDERMERE FL 34786**

Mailing Address

**6189 WINTER GARDEN/ VINLAND ROAD
200
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

6189 Winter Garden-Vineland Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

FL

4. FEI Number

59-3482193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANHIRE, JOHN T

**6189 WINTER GARDEN/ VINLAND ROAD
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

The American Schools Corporation

Street Address (P.O. Box Number is Not Acceptable)

6189 Winter Garden - Vineland Rd.

City

Windermere

FL

Zip Code

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. Manhire

John T. Manhire, Chairman

4/11/02

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

TITLE **D** ☐ Delete
NAME **MANHIRE, JOHN T**
STREET ADDRESS **1133 LOUISIANA AVE., STE. 200**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **CAPPLEMAN, CAROLYN**
STREET ADDRESS **1302 KELSO BLVD**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6189 Winter Garden-Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **DV** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6189 Winter Garden-Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **D** ☐ Change ☒ Addition
NAME **Spangler, D. Porter**
STREET ADDRESS **6189 Winter Garden-Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **DST** ☐ Change ☒ Addition
NAME **Hornbeck, Richard H.**
STREET ADDRESS **6189 Winter Garden-Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John T. Manhire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Manhire, President 4/11/02 407-905-7700

Date

Daytime Phone #