

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2001 90347 012 ***150.00

DOCUMENT # P98000045387
 THE PONTE VEDRA SCHOOL, INC.

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

Mailing Address
 1133 LOUISIANA AVE. STE. 200
 WINTER PARK FL 32789

2. Principal Place of Business
 6189 WINTER GARDEN/VANLAND RD
 Suite, Apt. #, etc.

3. Mailing Address
 6189 WINTER GARDEN/VANLAND RD
 Suite, Apt. #, etc.

City & State
 WINDERMERE, FL
 Zip
 34786
 Country
 ORANGE

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4. FEI Number
 59-3512347
 Applied For
 Not Applicable
 5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE AMERICAN SCHOOLS CORPORATION
 1133 LOUISIANA AVE. STE. 200
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name
 JOHN T. MANHIRE
 Street Address (P.O. Box Number is Not Acceptable)
 6124 ST. IVES BLVD.
 City
 ORLANDO
 FL
 Zip Code
 32819

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
 (NOTE: Registered Agent signature required when resigning)
 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 IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANHIRE, JOHN T		NAME		
STREET ADDRESS	6124 ST IVES BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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
 4/30/01
 107-905-7700