2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90047 030 ***150.00

DOCUMENT # P99000096670
THE INTERLACHEN SCHOOL, INC.

770163

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
6189 WINTER GARDEN/VIN RD Suite, Apt. #, etc.	6189 WNTR GRDN/VINLAND RD Suite, Apt. #, etc.
City & State: WINDERMERE, FL	City & State: WINDERMERE FL
Zip: 34786 Country: ORANGE	Zip: 34786 Country: ORANGE

4. FEI Number [redacted] 59-3617401 — 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
THE AMERICAN SCHOOLS CORPORATION 1133 LOUSIANA AVE. STE. 200 WINTER PARK FL 32789	Name: SPANGLER, D. PORTER Street Address (P.O. Box Number is Not Acceptable): 6189 WNTR GRDN-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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) 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 13	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MANHIRE, JOHN T~~ ~~6124 ST IVES BLVD~~ ~~ORLANDO FL 32819~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANHIRE, JOHN T. 6124 ST. IVES BLVD. ORLANDO, FL 32819 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~WEATHERS, JAMES~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEATHERS, JAMES M. 610 L. SYBELIA DR. MAITLAND, FL 32751 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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(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: [signature] 4/30/01 467-905-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number