2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90333 037 ***150.00

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DOCUMENT # P99000096670

1. Entity Name
THE INTERLACHEN SCHOOL, INC.

Principal Place of Business	Mailing Address
6189 WINTER GARDEN/ VIN RD WINDERMERE FL 34786	6189 WINTER GARDEN/ VIN RD WINDERMERE FL 34786

2. Principal Place of Business	3. Mailing Address
6189 Winter Garden-Vineland Rd	6189 Winter Garden-Vineland Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winderrmere, Fl	City & State: Winderrmere, Fl
Zip: 34786 Country:	Zip: 34786 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3617601 ☐ 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 6189 WINTER GARDEN VINELAND RD WINDERMERE FL 34786	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John T. Manhire John T. Manhire, Chairman 1/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANHIRE, JOHN T 6189 WINTER GARDEN-VINELAND RD. WINDERMERE FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HORNBECK, RICHARD H 6189 WINTER GARDEN-VINELAND RD. WINDERMERE FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPANGLER, PORTER D 6189 WINTER-GARDEN VINELAND RD WINDERMERE FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Spangler, D. Porter	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John T. Manhire REQUIRED John T. Manhire, Chairman 1/3/03 407-905-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #