

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90929 018 ****61.25

DOCUMENT # 722527

1. Entity Name

NICHOLSON SCHOOL OF BRADENTON, INC.

Principal Place of Business

4090 RIVERVIEW BLVD WEST
 BRADENTON FL 34209
 US

Mailing Address

4090 RIVERVIEW BLVD WEST
 BRADENTON FL 34209
 US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

4090 RIVERVIEW BLVD. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FLA.

City & State

Zip

Country

34209

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, SCOTT
4090 RIVERVIEW BLVD. WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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.

SIGNATURE

Scott Nicholson

**NO CHANGE, SIGNED
 IN ERROR.**

January 16, '01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MOORE, SUMNER K**
 STREET ADDRESS **4311 N ASHLAWN**
 CITY-ST-ZIP **RICHMOND VA 23221**

TITLE **PSD** ☐ Delete
 NAME **NICHOLSON, SCOTT**
 STREET ADDRESS **4090 RIVERVIEW BLVD W**
 CITY-ST-ZIP **BRADENTON, FL 00000**

TITLE **D** ☐ Delete
 NAME **MOORE, ANNE H**
 STREET ADDRESS **4311 N. ASHLAWN**
 CITY-ST-ZIP **RICHMOND VA 23221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☐ Addition
 NAME **SAME NAME**
 STREET ADDRESS **3212 NOBLE AVE.**
 CITY-ST-ZIP **RICHMOND, VA. 23222**

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

TITLE **DIRECTOR** ☐ Change ☐ Addition
 NAME **SAME NAME**
 STREET ADDRESS **3212 NOBLE AVE.**
 CITY-ST-ZIP **RICHMOND, VA 23222**

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

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

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

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 617, 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:

Scott Nicholson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT NICHOLSON 01-16-01

Date

Daytime Phone #

941-748-5232

CR2E037 (10/00)