

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **727241**

1. Entity Name

**EVANGELICAL CHRISTIAN SCHOOL, INC.**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90011 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8237 BEACON BLVD S.E.  
 FT. MYERS FL 33907

8237 BEACON BLVD S.E.  
 FT. MYERS FL 33907-3053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1484745**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DUNN, DOUGLAS**  
**13553 PINE VILLA LANE**  
**FT. MYERS FL 33908**

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

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DUNN, DOUG</b>	
STREET ADDRESS	<b>13553 PINE VILLA</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>STRAYHORN, GUY.</b>	
STREET ADDRESS	<b>7153 RIVER ROAD</b>	
CITY-ST-ZIP	<b>FT. MYERS SHORES, FL00000</b>	
TITLE	<b>CB</b>	<input type="checkbox"/> Delete
NAME	<b>FERRELL, SAMUEL</b>	
STREET ADDRESS	<b>471 BLUE LAGOON LANE</b>	
CITY-ST-ZIP	<b>NORTH FT. MYERS FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>DUNN, ELSIE</b>	
STREET ADDRESS	<b>13553 PINE VILLA LANE</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAPARELLA, GUY</b>	
STREET ADDRESS	<b>16930 TIMBERLAKES DR.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHEELER, HARRY</b>	
STREET ADDRESS	<b>16941 TIMBERLAKES DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 17, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

941-936-3319

Daytime Phone #

CR2E037 (9/99)