

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90137 035 \*\*\*\*61.25

DOCUMENT # 768162

1. Entity Name

THE VANGUARD SCHOOL OF LAKE WALES, FLORIDA, INC.

Principal Place of Business

Mailing Address

2249 HWY. 27 N.  
 LAKE WALES FL 33853

2249 HWY. 27 N.  
 LAKE WALES FL 33853



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2298398

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, HARRY E.  
 2249 N. U.S. HWY 27  
 LAKE WALES FL 33853

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:**  
**FEES 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	D	<input type="checkbox"/> Delete
NAME	MYERS, CORNEAL B.(CHMN)	
STREET ADDRESS	130 E. CENTRAL AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, HARRY E.	
STREET ADDRESS	1226 TRIANGLE DR.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, J.D.	
STREET ADDRESS	402 SCENIC HWY N.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SALUD, VIOLETA	
STREET ADDRESS	1245 S. HIGHLAND PARK DRIVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, BECKY	
STREET ADDRESS	919 CAMPBELL AVE.	
CITY-ST-ZIP	LAKE WELLS FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ODOM, SANDRA T	
STREET ADDRESS	1104 LEONE DR	
CITY-ST-ZIP	HAINES CITY FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Richard Steinhilber	
STREET ADDRESS	Box 832 Mountain Lake	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. L. Patton Kline	
STREET ADDRESS	Box 832 Mountain Lake	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Andrew Hunt	
STREET ADDRESS	P.O. Box 1260	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Martha Carter	
STREET ADDRESS	1053 Sunset Drive	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Ed Acker	
STREET ADDRESS	Box 832 Mountain Lake	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Yolanda Gonzalez	
STREET ADDRESS	609 reflections loop w.	
CITY-ST-ZIP	Winter Haven, FL 33884	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)