

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-09-2001 90014 010 *****8.75
 04-27-2001 90242 005 *****61.25

DOCUMENT # N00211

1. Entity Name

SARASOTA CHRISTIAN SCHOOL, INC.

Principal Place of Business

5415 BAHIA VISTA STREET
 SARASOTA FL 34232-3009

Mailing Address

5415 BAHIA VISTA STREET
 SARASOTA FL 34232-3009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0931269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HESS, MERVIN
7482 CASTLE DRIVE
SARASOTA FL 34240

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

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	C	<input type="checkbox"/> Delete
NAME	HESS, MERV	
STREET ADDRESS	7482 CASTLE DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, SHELDON	
STREET ADDRESS	7152 INDIAN BOW LANE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KENNEL, ELAINE	
STREET ADDRESS	15811 RAWLS ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PENNER, CONRAD	
STREET ADDRESS	3366 SPRINGMILL CIR.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLABACH, LARRY	
STREET ADDRESS	7901 CAMPBELL ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROYER, CHERYL	
STREET ADDRESS	1030 WAGON WHEEL DR.	
CITY-ST-ZIP	SARASOTA FL 34240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB HOSTETLER	
STREET ADDRESS	7565 CASTLE DR.	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LU ANN MAYER	
STREET ADDRESS	7038 WILDERNESS LANE	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY YODER	
STREET ADDRESS	4781 RINGWOOD MEADOW ST.	
CITY-ST-ZIP	SARASOTA, FL 34235	
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		
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)(j), 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 817, 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 of Elaine R Kennel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine R Kennel

Date **1/10/01** (41)322-1541
 Daytime Phone #

CR2E037 (10/00)