

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003060

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: CENTRAL FLORIDA PREPARATORY SCHOOL, INC.

**Current Principal Place of Business:**

1450 CITRUS OAKS AVENUE  
GOTHA, FL 34734

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 817  
GOTHA, FL 34734

**New Mailing Address:**

FEI Number: 59-3022217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALPER, HARVEY  
112 W. CITRUS STREET  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: FLANDERS, ROBERT  
Address: 5378 BROOKLINE DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: PACE, ANTHONY  
Address: 376 CYPRESS LANDING DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BREUNING, ROBERT  
Address: 13525 MAGNOLIA PARK COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: D (X) Delete  
Name: FLANDERS, ROWENA  
Address: 5378 BROOKLINE DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: STAMPER, BRIAN SR.  
Address: 1 EDENTON COURT  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: SIMMONS, ROBERT  
Address: 8835 GREAT COVE DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: FLANDERS, ROWENA  
Address: 5378 BROOKLINE DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROWENA B. FLANDERS

D

01/07/2003

Electronic Signature of Signing Officer or Director

Date