

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006159

1. Entity Name

GOOD SHEPHERD SCHOOL FOUNDATION, INC.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90007 045 ****61.25

Principal Place of Business

5902 E. OLEANDER STREET
ORLANDO FL 32807

Mailing Address

5902 E. OLEANDER STREET
ORLANDO FL 32807

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

59-3305012

Applied For

Not Applicable

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

AVITABILE, SONNY
5902 E OLEANDER ST
ORLANDO FL 32807

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

FR E. Avitabile

[Signature]

Aug 26 - 2000

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

After September 13, 2000 min. will be \$236.25

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 PD
NAME HARDS, MICHAEL ☒ Delete
STREET ADDRESS C/O 5902 E OLEANDER ST
CITY-ST-ZIP ORLANDO FL 32807

TITLE PD
NAME KIRBY, DAVID ☒ Change ☐ Addition
STREET ADDRESS 40 5902 oleander Drive
CITY-ST-ZIP Orlando FL 32807

TITLE VD
NAME SHERIDAN, BRIAN ☐ Delete
STREET ADDRESS C/O 5902 E OLEANDER ST
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE SD
NAME COMMANDER, JENNA ☐ Delete
STREET ADDRESS C/O 5902 E OLEANDER ST
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE ASD
NAME AVITABILE, SONNY ☐ Delete
STREET ADDRESS C/O 5902 E. OLEANDER STREET
CITY-ST-ZIP ORLANDO FL

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

TITLE TD
NAME ARES, JOSEPH ☒ Delete
STREET ADDRESS % 5902 OLEANDER DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE TD
NAME CHRISTINE SUBELT ☒ Change ☐ Addition
STREET ADDRESS 40 5902 oleander Drive
CITY-ST-ZIP Orlando, FL 32807

TITLE ☐ Delete
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/00 407-316-8043

CR2E037 (5/00)