

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001974

1. Entity Name

Community Christian School of Tallahassee, Inc.

Principal Place of Business

4859 Kerry Forest Parkway
Tallahassee, FL 32308

Mailing Address

4949 Velda Dairy Road
Tallahassee, FL 32308

2. Principal Place of Business

3. Mailing Address

4859 Kerry Forest Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32308

4. FEI Number

59-3312971

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

Thomas K. Argersinger
4859 Kerry Forest Pkwy.
Tallahassee, FL 32308

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 Thomas K. Argersinger, Principal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

04/26/2001

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 PD
NAME Jeffery Herig
STREET ADDRESS 3646 Occon Drive
CITY-ST-ZIP Tallahassee, FL 32312 ☒ Delete

TITLE VPD
NAME Benjamin D. Rust
STREET ADDRESS 359 North Monroe Street
CITY-ST-ZIP Tallahassee, FL 32301 ☒ Delete

TITLE TD
NAME Steven A. Currieo
STREET ADDRESS 1491 Governor's Square Blvd.
CITY-ST-ZIP Tallahassee, FL 32301 ☐ Delete

TITLE SD
NAME Maureen Campbell
STREET ADDRESS 2117 Miller Landing Road
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE PD ☒ Change ☐ Addition
NAME Steven A. Currieo
STREET ADDRESS 1491 Governor's Square Blvd.
CITY-ST-ZIP Tallahassee, FL 32301

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

TITLE TD ☐ Change ☒ Addition
NAME William F. Peters
STREET ADDRESS 548 Bradford Road
CITY-ST-ZIP Tallahassee, FL 32303

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: Steven A. Currieo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2001 (850) 383-3500

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90346 022 ****61.25

845128

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)