2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600004129

1. Entity Name

FILED Jan 19, 2001 8:00 am Secretary of State

	ZAS ACADEMY PRIVATE SCH	HOOL SYSTEM, INC.			01-1	9-2001 90023	002	61.23		ı
Principal Plac	ce of Business	Mailing Address								1
3643 FT PEYTON CIR		3643 FT PEYTON CIR		1	ı					
ST AUGUSTINE FL 32086		ST AUGUSTINE FL 32086			00004398					
				l	1 (55)				11 0 (8 (8)) (88)	
O Drive in all F	Place of Business	3. Mailing Address								
Z. Principal F	race of Business	5. Maining Address)						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					- 1	
								- 1-1-	 -	ı
City & Stat	e ·	City & State			4. FEI Numbe	["] 59-3413561		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5 Cortificate	of Status Desired		\$8.75 Add	ditional	ı
 _								Fee Require	<u>d</u>	
	6. Name and Address of Current	Registered Agent	Name	·	7. Name and	Address of New F	Registered .	Agent		1
			<u> </u>							l
	REBECCA S	Street Address			(P.O. Box Number is Not Acceptable)					ļ
	PEYTON CIR ISTINE FL 32086									
31 AUGU	, , , , , , , , , , , , , , , , , , ,		City				FL	Zip Cod	ē	ı
8 The above	named entity submits this statement for	r the purpose of changing ite ri	agistared office	or registers	ad agent, or both	h in the state of Ek				ı
0. 1116 above	That had a littly addition this statement to	the purpose of changing its it	sgistered office	or registere	su agent, or bott	ii, iii tile state of i k	onda.			ı
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent sign	nature required	when reinstating)		DATE		 ·	
										-
FILE NOW: 9. Election Campaign Fi			inancing	\$5.00	00 May Be Make Check Payable to					
FEE IS \$61.25		Trust Fund Contribution.		Added	d to Fees Department of State					
10.	OFFICERS AND DIF	RECTORS	11,	A	DDITIONS/CHA	ANGES TO OFFICE	BS AND DI	BECTORS IN	110	1
TITLE	DP 4	.2010110	1		DDI TOTAD TOTAL	WAGES TO STATE	110 7110 01	☐ Change	Addition	8
HAME		☐ Delete	TITLE	\Box	_					
NAME	LEEWE, ROBECCA S	☐ Delete	TITLE NAME	Lini	DA GAY,	01		□ Change		(10 [']
STREET ADDRESS	LEEWE, ROBECCA S 3643 FT PEYTON CIR	☐ Delete	NAME STREET ADDRESS	LINK 567	carpl	Rd	ر سر		n	937 (10/
STREET ADDRESS CITY-ST-ZIP	LEEWE, ROBECCA S 3643 FT PEYTON CIR ST AUGUSTINE FL 32086		NAME STREET ADDRESS CITY-ST-ZIP	Link	Canal	Rd Beach	, Fl.	3208		32E037 (10/
STREET ADDRESS CITY-ST-ZIP TITLE	LEEWE, ROBECCA S 3643 FT PEYTON CIR ST AUGUSTINE FL 32086 DVT	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	LINK 567	Canal	Rd 1 Beach	, Fl.		2 □ Addition	CR2E037 (10/00)
STREET ADDRESS CITY-ST-ZIP	LEEWE, ROBECCA S 3643 FT PEYTON CIR ST AUGUSTINE FL 32086		NAME STREET ADDRESS CITY-ST-ZIP	567 font	Canal	Rd 1 Beach	, Fl.	3208		CR2E037 (10/
STREET ADDRESS CITY-ST-ZIP TITLE NAME	LEEWE, ROBECCA S 3643 FT PEYTON CIR ST AUGUSTINE FL 32086 DVT LEEWE, JAMES F 3643 FT PEYTON CIR ST AUGUSTINE FL 32086		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	567 font	Canal	Rd 1 Beach	, Fl.	3208		- CR2E037 (10/
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEEWE, ROBECCA S 3643 FT PEYTON CIR ST AUGUSTINE FL 32086 DVT LEEWE, JAMES F 3643 FT PEYTON CIR ST AUGUSTINE FL 32086 DS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	567 font	Canal	Rd 1 Beach	, F1.	3208		CR2E037 (10/
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEEWE, ROBECCA S 3643 FT PEYTON CIR ST AUGUSTINE FL 32086 DVT LEEWE, JAMES F 3643 FT PEYTON CIR ST AUGUSTINE FL 32086 DS DORE, FRANCIS 3608 FT PEYTON CIR	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Link 567 Pont	Canal	Rd 1 Beach	, FI.	3208. □ Change	Addition	- CR2E037 (10/
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Indicated on this report or supplied with this filling does not quality 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: