

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054191

1. Entity Name

ARIEL CHRISTIAN ACADEMY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90137 012 ***150.00

Principal Place of Business 956 N. COCOA BLVD. SUITE 1111 COCOA FL 32922-7569	Mailing Address 956 N. COCOA BLVD. SUITE 1111 COCOA FL 36303-9360
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2. Principal Place of Business 3829 Hwy 273 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 433 Suite, Apt. #, etc.
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City & State Graceville, FL 32440	City & State Graceville, FL
Zip 32440	Country
Zip 32440	Country 32440-0433

4. FEI Number 65-0929630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRICE, WILLIAM A 956 N. COCOA BLVD. SUITE 1111 COCOA FL 32922-7569
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7. Name and Address of New Registered Agent Name William A. Grice Street Address (P.O. Box Number is Not Acceptable) 3829 Hwy 273 City Graceville FL Zip Code 32440
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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. William A. Grice SIGNATURE <i>William A. Grice</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	April 10, 2000 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRICE, WILLIAM A 956 NORTH COCOA BLVD., #1111 COCOA FL 32922-7569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William A. Grice 3829 Hwy 273 Graceville, Florida 32440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, AUBREY C 3410 REDMOND ROAD DOTHAN AL 36303-1135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEBERT, A.H. JR. P.O. BOX 577 HAYES LA 70646-0577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Grice* April 10, 2000 1 334-692-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)