

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90137 012 ***150.00

DOCUMENT # P99000054191

1. Entity Name
ARIEL CHRISTIAN ACADEMY, INC.

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	3. Mailing Address P.O. Box 433
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Graceville, FL 32440	City & State Graceville, FL
Zip 32440	Country
Zip 32440-0433	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0929630	Applied For <input type="checkbox"/> 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	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.

SIGNATURE William A. Grice *William A. Grice* DATE April 10, 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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. **\$5.00** May Be Added to Fees

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William A. Grice 3829 Hwy 273 Graceville, Florida 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, AUBREY C 3410 REDMOND ROAD DOTHAN AL 36303-1135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEBERT, A.H. JR. P.O. BOX 577 HAYES LA 70646-0577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 *William A. Grice* DATE April 10, 2000 334-692-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)