

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N34390

1. Entity Name

PINE CREST PREPARATORY SCHOOL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-29-2000 90122 036 ****61.25

Principal Place of Business

1501 N.E. 62ND ST.
FT. LAUDERDALE FL 33334

Mailing Address

1501 N.E. 62ND ST.
FT. LAUDERDALE FL 33334-5116

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

59-0861374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COWGILL, LOURDES M
1501 N.E. 62ND ST.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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

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

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	D	<input type="checkbox"/> Delete
NAME	SARBONE, DR PETER	
STREET ADDRESS	5601 N DIXIE HWY #401	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SUSAN P	
STREET ADDRESS	909 POINCIANA DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GRINDITCH, WILLIAM H. J	
STREET ADDRESS	923 HILLSBORO MILE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMILLAN, WILLIAM J	
STREET ADDRESS	1501 NE 62 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNELLY, BARBARA	
STREET ADDRESS	333 KEY PALM ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Leach	
STREET ADDRESS	6530 NE 30 Way	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Smith	
STREET ADDRESS	110 SE. 6 St.	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Blosser	
STREET ADDRESS	1600 Ponce de Leon Dr.	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loures M. Cowgill	
STREET ADDRESS	1501 NE 62 St.	
CITY-ST-ZIP	Fort Lauderdale FL 33334	

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:

Loures M. Cowgill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/2000

Daytime Phone

(954) 92-4194

CR25037 (9/99)