

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003712

1. Entity Name

ACCREDITING COMMISSION INTERNATIONAL FOR SCHOOLS

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90111 013 ****70.00

0089423

Principal Place of Business

505 N APPLE
BEEBE AR 72012
US

Mailing Address

POSTAL DRAWER 1021 1030
BEEBE AK 72012
US

900738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0689195

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

FLORENTINO, JUDY DR
1211 LEE ROAD
JACKSONVILLE FL 32225

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 CDP
NAME SCHEEL, JOHN F DR.
STREET ADDRESS 309 N. APPLE STREET
CITY-ST-ZIP BEEBE AR 72012-0102 ☐ Delete

TITLE VCD
NAME SCHEEL, VICKIE
STREET ADDRESS 309 N. APPLE STREET
CITY-ST-ZIP BEEBE AR 72012-0102 ☐ Delete

TITLE VP
NAME SCHEEL, VICKIE
STREET ADDRESS 309 N. APPLE STREET
CITY-ST-ZIP BEEBE AR 72012-0102 ☐ Delete

TITLE ST
NAME MILLS, VALYNN S
STREET ADDRESS 161 PINWOOD LANE
CITY-ST-ZIP BEEBE AR 72012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

John F. Scheel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/00)