

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000054191

1. Entity Name
ARIEL CHRISTIAN ACADEMY, INC.

| | |
|------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 3829 HWY 273 GRACEVILLE FL 32440 | Mailing Address P.O. BOX 433 GRACEVILLE FL 324400433 |
|------------------------------------------------------------------------|----------------------------------------------------------------|

| | |
|---------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business 4039 SONG DRIVE | 3. Mailing Address 4039 SONG DRIVE |
|---------------------------------------------------|---------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|----------------------------------|----------------------------------|
| City & State PORT ST. JOHN FL | City & State PORT ST. JOHN FL |
|----------------------------------|----------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 32927 | Country | Zip 32927 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|--------------------------------------------|
| 4. FEI Number 65-0929630 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRICE WILLIAM A
 3829 HWY 273

 GRACEVILLE FL 32440 US

7. Name and Address of New Registered Agent

Name
 GRICE WILLIAM A
 Street Address (P.O. Box Number is Not Acceptable)
 4039 SONG DRIVE

 City PORT ST. JOHN FL Zip Code 32927

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 _____ **04/18/2001**
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, 2001 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 | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEBERT A.H. JR. P.O. BOX 577 HAYES LA 706460577 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBBINS AUBREY C 3410 REDMOND ROAD DOTHAN AL 363031135 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRICE WILLIAM A 3829 HWY 273 GRACEVILLE FL 32440 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRICE WILLIAM A 4039 SONG DRIVE PORT ST. JOHN FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 **D** **04/18/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)