

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	Mailing Address
3829 HWY 273	P.O. BOX 433
GRACEVILLE FL	GRACEVILLE FL
32440	324400433

2. Principal Place of Business	3. Mailing Address
4039 SONG DRIVE	4039 SONG DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
PORT ST. JOHN FL	PORT ST. JOHN FL
Zip	Zip
32927	32927
Country	Country

4. FEI Number	Applied For
65-0929630	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

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) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HEBERT A.H. JR.	
STREET ADDRESS	P.O. BOX 577	
CITY-ST-ZIP	HAYES LA 706460577	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS AUBREY C	
STREET ADDRESS	3410 REDMOND ROAD	
CITY-ST-ZIP	DOTHAN AL 363031135	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRICE WILLIAM A	
STREET ADDRESS	3829 HWY 273	
CITY-ST-ZIP	GRACEVILLE FL 32440	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRICE WILLIAM A	
STREET ADDRESS	4039 SONG DRIVE	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 D 04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)