

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721587

1. Entity Name

STONESOUP SCHOOL, INC.

FILED

Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90683 036 ****70.00

0058782

Principal Place of Business
110 DIAMOND LAKE DR
~~STAR RT. 1 BOX 127~~
CRESCENT CITY FL 32112

Mailing Address
110 DIAMOND LAKE DR.
~~STAR RT. 1 BOX 127~~
CRESCENT CITY FL 32112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1377321**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WELLE, DEAN
~~STAR ROUTE 1 BOX 127~~ **110 DIAMOND LAKE DR**
CRESCENT CITY FL 32112

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 NAME STREET ADDRESS CITY - ST - ZIP	PVD WELLE, DEAN STAR ROUTE 1 BOX 127 CRESCENT CITY, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BEEMAN, ESTHER HWY 59 WACISSA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEEMAN, FRANK HWY 59 WACISSA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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	110 DIAMOND LAKE DR. CRESCENT CTY, FL. 32112	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 820 WACISSA, FL. 32361	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 820 WACISSA, FL. 32361	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE 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: **Frank Beeman (Director)** **4-5-02** **386-698-2516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)