

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/12

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90056 019 \*\*\*\*61.25

**DOCUMENT # N39823**

1. Entity Name

**FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOL  
S, INC.**

Principal Place of Business

Mailing Address

1211 N WESTSHORE BLVD  
STE 612  
TAMPA FL 33607  
US

4200 BISCAYNE BLVD  
MIAMI FL 33137  
US

2. Principal Place of Business

5625 Holy Trinity Dr.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Zip

32940

Country

US

Country

4. FEI Number

59-2348803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C SKARDON BLISS  
1211 N.WESTSHORE BLVD  
STE 612  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name Catherine Ford  
Street Address (P.O. Box Number is Not Acceptable)  
5625 Holy Trinity Drive  
City Melbourne FL Zip Code 32940

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	VP BURKE, HOWARD P O BOX 10009 N/A TALLAHASSEE FL 32302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLISS, SKARDON 1211 N WESTSHORE BLVD TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 FORD, CATHERINE 50 W STRAWBRIDGE AVE MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLOOM, RAYMOND 4200 BISCAYNE BLVD MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNER, ZELDA 9800 SW 107TH AVE MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Ford, Catherine 5625 Holy Trinity Drive Melbourne FL 32940	<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	SECRETARY W. EUGENE BREWER, 658 N. WYNMORE ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

**SIGNATURE REQUIRED RAYMOND BLOOM**

2/19/2002 305 576 4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)