

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90093 003 ****70.00

DOCUMENT # 721587

1. Entity Name

STONESOUP SCHOOL, INC.



Principal Place of Business

STAR RT. 1 BOX 127
CRESCENT CITY FL 32112

Mailing Address

STAR RT. 1 BOX 127
CRESCENT CITY FL 32112

2. Principal Place of Business

110 DIAMOND LAKE DR.

3. Mailing Address

110 DIAMOND LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESCENT CITY FL.

City & State

CRESCENT CITY FL.

Zip

Country

32112

Zip

Country

32112

4. FEI Number 59-1377321

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WELLE, DEAN
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME WELLE, DEAN ☐ Delete
STREET ADDRESS 110 DIAMOND LAKE DR
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE STD
NAME BEEMAN, ESTHER ☐ Delete
STREET ADDRESS PO BOX 820
CITY-ST-ZIP WACISSA FL 32361

TITLE D
NAME BEEMAN, FRANK ☐ Delete
STREET ADDRESS PO BOX 820
CITY-ST-ZIP WACISSA FL 32361

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 **REQUIRE FRANK Beeman** 2-10-03 386-698-2516

CR2E037 (10/02)