

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 714417**

1. Entity Name

**ORLANDO CHRISTIAN SCHOOLS, INC.****FILED****Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90033 036 \*\*\*\*61.25

Principal Place of Business

**4161 N POWERS DR  
ORLANDO FL 32818  
US**

Mailing Address

**4161 N POWERS DR  
ORLANDO FL 32818  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1283592**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, LLOYD E  
8051 COUNTRY RUN PKWY  
ORLANDO FL 32818**

Name

**Meyer, Lloyd E.**

Street Address (P.O. Box Number is Not Acceptable)

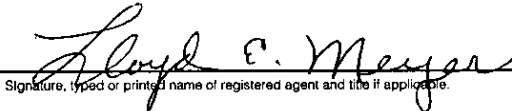
**1317 Olympia Park Circle**

City

**Ocoee****FL**Zip Code  
**34761**

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



(NOTE: Registered Agent signature required when reinstating)

**2/16/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	MEYER, JOANNE M	
STREET ADDRESS	1317 OLYMPIE PARK CIR	
CITY-ST-ZIP	OCOEE FL 34761	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1317 Olympia Park Circle	
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEYER, LLOYD E	
STREET ADDRESS	1316 OLYMPIE PARK CIR	
CITY-ST-ZIP	OCOEE FL 34761	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1317 Olympia Park Circle	
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, KATHY A	
STREET ADDRESS	2114 AMBASSADOR COURT	
CITY-ST-ZIP	ORLANDO FL	

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

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

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

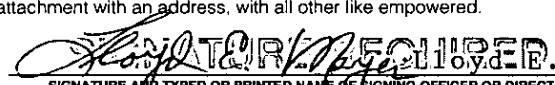
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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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:**  **SIGNATURE REQUIRED.** Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/01 407-295-8901**

Date Daytime Phone #

CR2E037 (10/00)