

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714417

1. Entity Name

ORLANDO CHRISTIAN SCHOOLS, INC.

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90188 014 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4161 N POWERS DR  
ORLANDO FL 32818  
US

4161 N POWERS DR  
ORLANDO FL 32818  
US

2. Principal Place of Business

3. Mailing Address

100 E. Grand Highway  
Suite, Apt. #, etc.

100 E. Grand Highway  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clermont Florida

City & State

Clermont Florida

4. FEI Number

59-1283592

Applied For

Not Applicable

Zip

34711

Country

Lake

Zip

34711

Country

Lake

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  
1317 OLYMPIA PARK CIRCLE  
OCOE FL 34761

Name

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

946 Cumberland Circle

City

Clermont

FL

Zip Code

34711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME VD  
MEYER, JOANNE M  
STREET ADDRESS 1317 OLYMPIA PARK CIRCLE  
CITY-ST-ZIP OCOEE FL 34761

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 946 Cumberland Circle  
CITY-ST-ZIP Clermont FL 34711

TITLE ☐ Delete  
NAME PD  
MEYER, LLOYD E  
STREET ADDRESS 1317 OLYMPIA PARK CIRCLE  
CITY-ST-ZIP OCOEE FL 34761

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 946 Cumberland Circle  
CITY-ST-ZIP Clermont FL 34711

TITLE ☐ Delete  
NAME SD  
JACKSON, KATHY A  
STREET ADDRESS 2114 AMBASSADOR COURT  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1317 olympia Park Circle  
CITY-ST-ZIP Ocoee FL 34761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Kathy Jackson* KATHY A JACKSON

3-18-02 352-243-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)