

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722527

1. Entity Name

NICHOLSON SCHOOL OF BRADENTON, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90112 044 ****61.25

Principal Place of Business

Mailing Address

4090 Riverview Blvd. W.
 Bradenton, FL 34209-2038

SCOTT NICHOLSON
 4090 RIVERVIEW BLVD. W.
 BRADENTON FL 34209-2038

2. Principal Place of Business

4090 RIV. BLVD. W.

3. Mailing Address

4090 RIV. BLVD. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL. 34209

City & State

BRADENTON, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34209

Country

U.S.A.

Zip

34209

Country

U.S.A.

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

NICHOLSON, SCOTT
 4090 RIVERVIEW BLVD. WEST
 BRADENTON FL 34209

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

NO CHANGE

4-21-00

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 D
 STREET ADDRESS MOORE, SUMNER K
 CITY-ST-ZIP 4311 N ASHLAWN
 RICHMOND VA 23221

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

TITLE ☐ Delete
 NAME PSD
 STREET ADDRESS NICHOLSON, SCOTT
 CITY-ST-ZIP 4090 RIVERVIEW BLVD W.
 BRADENTON, FL 00000

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MOORE, ANNE H
 CITY-ST-ZIP 4311 N. ASHLAWN
 RICHMOND VA 23221

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 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:

Scott Nicholson

Apr. 21, '00 941-748-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99