2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722693

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90324 002 ****61.25

1. Entity Name

GRASSROOTS FREE SCHOOL SYSTEM, INC.

Principal Place of Business	Mailing Address
2458 GRASSROOTS WAY TALLAHASSEE FL 32311	2458 GRASSROOTS WAY TALLAHASSEE FL 32311-9012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1383557 ☐ 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
SEERY, G. PATRICK 2458 GRASSROOTS WAY TALLAHASSEE FLORIDA 32311	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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOTTSCHALK, NECHAMA 2367 MOONDANCE TRAIL TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D MENARD, KAREN 1314 LEHIGH ST. TALLAHASSEE, FL. 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHARTON, RUTH K RT 3 BOX 124-L MONTICELLO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, NANCY 10074 COVEY RIDE TALLAHASSEE, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TIMAN, JACQUE 3195 TIFFANY ST TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORIAN, MIKE RT. 2, BOX 62-B QUINCY, FL. 32351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BALL, JOHN 10074 COVEY RIDE TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRY, SUSAN 1324 S. MERIDIAN ST. TALLAHASSEE, FL. 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORIAN, KAY RT 2 BOX 62-B QUINCY FL 32351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMAN, ANDY 3195 TIFFANY ST. TALLAHASSEE, FL. 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEERY, TANDY H 2432 GRASSROOTS WAY TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOTTSCHALK, SHIMON 2367 MOONDANCE TRAIL TALLAHASSEE, FL. 32311	☐ Change ☒ Addition

CR2E037 (9/99)

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: Nancy Baker SIGNATURE REQUIRED 5/1/2000 893 7720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #