2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90034 028 ****61.25

DOCUMENT # 722693

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

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 FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D/V VON TRAPP, GISELA 1612 MILTON ST. TALLAHASSEE, FL 32303	☐ 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/S WHITEHEAD, SANDRA 4681 CYPRUS POINT RD. TALLAHASSEE, FL 32310	☐ 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 WEHR, JIMMY 11 ANTLER RUN CRAWFORDVILLE, FL. 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MENARO, KAREN 1314 LEHIGH ST TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOULD, RACHEL 3814 BELL DR. TALLAHASSEE, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, NANCY 10074 COVEY RIDE TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEED, PATRICIA 8837 GREEN ACORN LN 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 METZ, MIKE 8837 GREEN ACORN LN TALLAHASSEE, FL 32311	☐ Change ☒ Addition

CR2E037 (10/00)

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: Nechama Gottschalk RN Nechama Gottschalk 4/26/01 (850) 656-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UBR.

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GRASSROOTS FREE SCHOOL SYSTEM, INC.

ADDENDUM = ITEM 11, OFFICERS & DIRECTORS/ADDITIONS =

ADDITIONS =

D
GOULD, MIKE
3814 BELL DR.
TALLAHASSEE, FL 32303

D
GOTTSCHALK, SHIMON
2367 MOONDANCE TR.
TALLAHASSEE, FL 32311

Attachment

8/19/93

722693