

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736205

1. Entity Name

WESTWOOD CHRISTIAN SCHOOL, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90022 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

920 11TH ST. S.W.  
LIVE OAK FL 32060-3604

920 11TH ST. S.W.  
LIVE OAK FL 32060-3604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1698760**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAND, GERTRUDE  
12665 161 ST RD  
LIVE OAK FL 32060

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, VERNON	
STREET ADDRESS	9020 145TH DR	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LAND, GERTRUDE	
STREET ADDRESS	12665 161ST RD	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWLAND, BILLY	
STREET ADDRESS	920 SW 11TH ST.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAS, MARILYN	
STREET ADDRESS	11330 122ND TERR	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRIER, WANDA	
STREET ADDRESS	12910 US HWY 90 #152	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	AD	<input type="checkbox"/> Delete
NAME	PEACE, PAM	
STREET ADDRESS	900 PEARL AVENUE	
CITY-ST-ZIP	LIVE OAK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deas, Jimmy	
STREET ADDRESS	920 S.W. 11th Street	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Loges, Marilyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manette Cook	
STREET ADDRESS	9250 127th Drive	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Pam Peace*  
Administrator Director 01/27/00 (904) 362-3235