

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736205

1. Entity Name

WESTWOOD CHRISTIAN SCHOOL, INC.

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-1698760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAND, GERTRUDE  
12665 161 ST RD  
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> Delete
NAME	DEAS, JIMMY	
STREET ADDRESS	920 SW 11TH STREET	
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 checked="" 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	LOGES, MARILYN	
STREET ADDRESS	11330 122ND TERR	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, MARIE ANNE	
STREET ADDRESS	9250 127TH DRIVE	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Burley	
STREET ADDRESS	9446 191st Lane	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Read	
STREET ADDRESS	7440 6th Drive	
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		<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

4/22/01

Date

Daytime Phone #

386  
(904) 362-3735

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90071 005 \*\*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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