

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768975

1. Entity Name

SWEETWATER EPISCOPAL ACADEMY, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90057 010 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business % C JOSEPH SITTS 251 E LAKE BRANTLEY DR LONGWOOD FL 32779 US	Mailing Address % C JOSEPH SITTS 251 E LAKE BRANTLEY DR LONGWOOD FL 32779-4808 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2404885	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITEMAN, JERRY
251 E LAKE BRANTLEY DR
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **The Rev. C. Joseph Sitts**
Street Address (P.O. Box Number is Not Acceptable)
251 E Lake Brantley Dr.
City **Longwood** FL Zip Code **32779**

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 *C. Joseph Sitts* *C. Joseph Sitts, Rector* *3/22/2000*
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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CYCMANICK, CAROL G 3430 GOLFVIEW PL ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SITTS, C J 271 N WATERFORD PLACE LONGWOOD FL 32779	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROZIER, ROBERT 308 FEATHER PL LONGWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, PETER 608 FLORIDA BLVD ALTAMONTE SPRINGS FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL MACKOUL 3430 Golfview Pl. Orlando FL 32804	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Chadwick 2422 Banchory Rd. Winter Park FL 32792	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *C. Joseph Sitts* *C. Joseph Sitts, 3/22/2000* *407-388-3704*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)