

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 026 ****61.25

DOCUMENT # **F01000002620**

1. Entity Name

Highland Christian School, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2255 Nebraska Ave.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor FL 34683

City & State

4. FEI Number

59-371389

Applied For

Not Applicable

Zip

34683

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dean A. Kennedy

Street Address (P.O. Box Number is Not Acceptable)

3221 Carriage Dr.

City

Palm Harbor

FL

Zip Code

34684

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Chairman
Dean Kennedy
3221 Carriage Dr.
Palm Harbor FL 34684

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Secretary-Treasurer
Beverly Kennedy
3221 Carriage Dr.
Palm Harbor FL 34684

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice Chairman
Andrew Baxter
38 Lake Shore Dr.
Palm Harbor FL 34684

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Board Member
Dave Siple
1283 Disston Ave
Tarpon Springs, FL 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2002

Date

Daytime Phone #

(727) 786-7889

CR2E037B (12/01)