

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90318 026 ****61.25

DOCUMENT # **N00000002601**

1. Entity Name

CYPRESS CHRISTIAN DAY SCHOOL, INC.



Principal Place of Business

**8570 CYPRESS LAKE DRIVE
FORT MYERS FL 33919**

Mailing Address

**8570 CYPRESS LAKE DRIVE
FORT MYERS FL 33919**

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 **59-3651144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, GORDON H ESO
1833 HENDRY STREET
FORT MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BRODHECKER, SHIRLEY**
STREET ADDRESS **4591 TRAWLER COURT**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **Jamie Galeana**
STREET ADDRESS **778 Cypress Lake Cir.**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **DV** ☒ Delete
NAME **SHORT, JIM**
STREET ADDRESS **721 DEAN WAY**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **Dawn Hoffman**
STREET ADDRESS **2349 LaSalle Ave**
CITY-ST-ZIP **Ft Myers, FL 33907**

TITLE **STD** ☐ Delete
NAME **SELL, ANN**
STREET ADDRESS **5322 SHALLEY CIRCLE**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **DV** ☐ Change ☒ Addition
NAME **Jill Mullen**
STREET ADDRESS **11261 Bent Pine Dr**
CITY-ST-ZIP **Ft Myers, FL 33913**

TITLE **D** ☐ Delete
NAME **HAMRICK, DAVID**
STREET ADDRESS **15672 LIGHTBLUE CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **PD** ☒ Change ☐ Addition
NAME **David Hamrick**
STREET ADDRESS **15672 Lightblue Cir.**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **D** ☐ Delete
NAME **BRADLEY, CINDY**
STREET ADDRESS **1801 BRANTLEY ROAD**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **Robin Hammond**
STREET ADDRESS **6555 Sand Spur Ln**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **D** ☐ Delete
NAME **PATTERSON, PEGGY**
STREET ADDRESS **9170 THYME COURT**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Change ☐ 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:

Peggy W. Patterson **REQUIRE** *Peggy W. Patterson* 1/28/03 239-433-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)