

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000005318****1. Entity Name**

GRACE CHRISTIAN SCHOOL OF SOUTH FLORIDA, INC.

**Principal Place of Business**

14117 74TH ST, N.

LOXAHATCHEE  
33470

FL

**Mailing Address**

14117 74TH ST, N.

LOXAHATCHEE  
33470

FL

**2. Principal Place of Business**

14117 74TH ST, N.

**3. Mailing Address**

14117 74TH ST, N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LOXAHATCHEE

FL

**City & State**

LOXAHATCHEE

FL

**4. FEI Number**☒ Applied For  
☐ Not ApplicableZip  
33470Country  
USZip  
33470Country  
US**5. Certificate of Status Desired**☐ \$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent**CANATSEY TAMARA L  
14117 74TH ST, N.LOXAHATCHEE FL  
33470**7. Name and Address of New Registered Agent****Name**

CANATSEY LAWRENCE J

Street Address (P.O. Box Number is Not Acceptable)  
14117 74TH ST, N.City  
LOXAHATCHEEFL Zip Code  
33470

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 **LAWRENCE J. CANATSEY****05/21/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CANATSEY LAWRENCE J 14117 74TH STREET, N LOXAHATCHEE FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CANATSEY TAMARA L 14117 74TH STREET, N LOXAHATCHEE FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CANATSEY LAWRENCE J 14117 74TH STREET, N LOXAHATCHEE FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence J. Canatsey**

Dir

05/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)