

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90095 035 ****70.00

DOCUMENT # N00000006383

1. Entity Name

CHICKEE CHRISTIAN ACADEMY INC.

Principal Place of Business

**2910 N. 64TH AVE
HOLLYWOOD FL 33024**

Mailing Address

**2910 N. 64TH AVE
HOLLYWOOD FL 33024**

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

65-1047797

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAYNE, ARLEN
6700 RALEIGH ST
HOLLYWOOD FL 33024**

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 **DP** ☐ Delete
NAME **PAYNE, ARLEN**
STREET ADDRESS **6700 RALEIGH ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **DV** ☒ Delete
NAME **MICCO, VINCENT**
STREET ADDRESS **6311 NW 34TH ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **BAKER, JUDY**
STREET ADDRESS **3003 HOWARD TOMMIE DR**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **BILLIE, SALLY**
STREET ADDRESS **3021 NW 63RD AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **James Schaller**
STREET ADDRESS ***6 George St**
CITY-ST-ZIP **West Palm Beach, FL 33045**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **James Schaller**
STREET ADDRESS ***6 George St**
CITY-ST-ZIP **West Palm Beach, FL 33045**

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:

Arden Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

(954) 894-5651

CR2E037 (9/01)