

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90009 003 ****61.25

DOCUMENT # N00000006579
1. Entity Name
 BENNETT CHRISTIANSEN ACADEMY, INC.

Principal Place of Business 5150 South Florida Avenue
 Lakeland, Florida 33813
Mailing Address P.O. Box 5425
 Lakeland, Florida 33807-5425

00071598

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip **Country**

4. FEI Number 31-1751474
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 M. Dahle
 5150 South Florida Avenue
 Lakeland, Florida 33813

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE President, Director NAME M. Dahle STREET ADDRESS 5150 South Florida Avenue CITY-ST-ZIP Lakeland, Florida 33813	☐ Delete
TITLE VD NAME M. Karen Salisbury STREET ADDRESS 5150 South Florida Avenue CITY-ST-ZIP Lakeland, FL 33813	☒ Delete
TITLE STD NAME Mark F. Dahle, Jr. STREET ADDRESS 5150 South Florida Avenue CITY-ST-ZIP Lakeland, Florida 33813	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE VD NAME Sherwood Smith STREET ADDRESS Post Office Box 5425 CITY-ST-ZIP Lakeland, Florida 33807-5425	☐ Change ☒ Addition
TITLE SD NAME Cynthia Ciquanti STREET ADDRESS Post Office Box 5425 CITY-ST-ZIP Lakeland, Florida 33813	☐ Change ☒ Addition
TITLE TD NAME June Scharra STREET ADDRESS Post Office Box 5425 CITY-ST-ZIP Lakeland, Florida 33807-5425	☐ Change ☒ Addition
TITLE D NAME Robert B. Eanett STREET ADDRESS P. O. Box 5425 CITY-ST-ZIP Lakeland, Florida 33807	☐ Change ☒ Addition
TITLE D NAME Joyce Bryan STREET ADDRESS Post Office Box 5425 CITY-ST-ZIP Lakeland, Florida 33807-5425	☐ Change ☒ Addition
TITLE D NAME Michael Bingham STREET ADDRESS Post Office Box 5425 CITY-ST-ZIP Lakeland, Florida 33807-5425	☐ Change ☒ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. Dahle 4/28/2001 863-559-6870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day and Phone #

CR2E083 (11/00)