

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007434

1. Entity Name

RISE ABOVE IT INTENSIVE CHILDREN SERVICES, INC.

Principal Place of Business

Mailing Address

605 NORTH SEGRAVE STREET STE H-3
DAYTONA BEACH FL 32114

605 NORTH SEGRAVE STREET STE H-3
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Suite E-46
Daytona Bch, FL
32114

P.O. BOX 11033
Daytona Bch, FL
32120-1033
Volusia

4. FEI Number

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

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 reissuing)

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	D	<input type="checkbox"/> Delete
NAME	JACKSON, WARREN B	
STREET ADDRESS	115 BAYWOOD DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ALETHA L	
STREET ADDRESS	115 BAYWOOD DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DERRICK G	
STREET ADDRESS	PO BOX 9404	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEENDES, GODFREY S	
STREET ADDRESS	PO BOX 142	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	D	<input type="checkbox"/> Delete
NAME	D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwight Adams	
STREET ADDRESS	290 Damon St.	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/01

Date

386-287-1200

Daytime Phone #

5/

FILED

Aug 22, 2001 8:00 am
Secretary of State

05-29-2001 90010 016 ****61.25

77818



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)