

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91282 025 \*\*\*\*61.25

**DOCUMENT # N01000000571**

1. Entity Name

**SOUTHEAST MARION COMMUNITY SCHOOL, INC.**

Principal Place of Business

PO BOX 571  
 ALTOONA FL 32702

Mailing Address

PO BOX 571  
 ALTOONA FL 32702

93766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3699994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SNOWBERGER, DANIEL  
 1642 RIVER BIRCH AVE  
 OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name **A.M. Roudabush**

Street Address (P.O. Box Number is Not Acceptable)  
**27415 S.E. 162nd PL**

City **Umatilla**

FL

Zip Code **32784**

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 *A.M. Roudabush* **A.M. ROUDABUSH, DIRECTOR**

DATE **01/20/2002**

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	D HALLGREN, BRUCE 16900 SE 272 CT UMATILLA FL 32784	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, GEORGE 17140 SE 251 TERRACE UMATILLA FL 32784	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, WILLIAM PO BOX 366 ALTOONA FL 32702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROUDABUSH, SUE PO BOX 562 ALTOONA FL 32702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THORNTON, WILLIAM 20821 SE 141 LANE UMATILLA FL 32784	<input checked="" 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	D A.M. Roudabush 27415 SE 162nd PL Umatilla FL 32784	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elisa Van Cise 30810 SE 96th PL Altoona FL 32702	<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
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)(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: *A.M. Roudabush* **A.M. ROUDABUSH**

DATE **01-20-2002** / 352-669-3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (9/01)