

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 # NO1000000571

1. Entity Name

SOUTHEAST MARION COMMUNITY SCHOOL, INC.

Principal Place of Business

Mailing Address

PO BOX 571
 ALTOONA FL 32702

PO BOX 571
 ALTOONA FL 32702

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

59-3699994

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

SNOWBERGER, DANIEL
1642 RIVER BIRCH AVE
OMIEDO FL 32765

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, DIRECTOR

04/20/2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| 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 |

| | | |
|--|---|--|
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-2002/352669-3766

Date

Daytime Phone #

CR25037 (9/01)