

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0042395

DOCUMENT # N01000006029

1. Entity Name

YVONNE C. REED CHRISTIAN SCHOOL, INC.

04-07-2002 90051 034 ****61.25

Principal Place of Business Mailing Address
1661 25TH AVE. SOUTH 1661 25TH AVE. SOUTH
ST. PETERSBURG FL 33712-3635 ST. PETERSBURG FL 33712-3635

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 **59-3755867** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLAYTON, YVONNE C
1661 25TH AVE. SOUTH
ST. PETERSBURG FL 33712-3635

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 \$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	CLAYTON, YVONNE C	
STREET ADDRESS	1661 25TH AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712-3635	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, JOHNNY	
STREET ADDRESS	4201 1ST AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYWARD, BETTY	
STREET ADDRESS	5234 9TH ST. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, SIDNEY	
STREET ADDRESS	2161 67TH AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, JUANITA	
STREET ADDRESS	1939 31ST ST. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MARY	
STREET ADDRESS	4413 14TH AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

Yvonne C. Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02
Date

Daytime Phone #

CR2E037 (9/01)