

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 005 ****70.00

DOCUMENT # NO10000007297

1. Entity Name

Township Vocational School of Fine Arts

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1517 Gainesville Dr

Suite, Apt. #, etc.

3. Mailing Address

1517 Gainesville Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Deltona, FL

City & State
Deltona, FL

4. FEI Number
59 3635066

Applied For
☐ Not Applicable

Zip
32725

Country
Volusia

Zip
32725

Country
Volusia

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Brenda Russell

Street Address (P.O. Box Number is Not Acceptable)
108 E. Villa Capri Cir. apt H

City De Land FL Zip Code 32724

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

**FEE IS \$61.25
Initial or Amended UBR**

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
President / Treasurer
Brenda McKay
108 E. Villa Capri Cir
De Land, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President / Director
Ermundo Russell
15 Morton Ave
Morocco, NJ 08831

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
Elizabeth High
108 E. Villa Capri Cir
De Land FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda Russell Brenda Russell

4/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)