

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90863 018 ****61.25

DOCUMENT # NO1000008429

1. Entity Name

DAVE THOMAS CHRISTIAN ACADEMY, INC.

Principal Place of Business

**223 MASSACHUSETTS AVE.
 PENSACOLA FL 32505**

Mailing Address

**PO BOX 17702
 PENSACOLA FL 32522-7702**

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

59-3723430

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

**THOMAS, JACQUELINE L
 8609 UNTREINER AVE.
 PENSACOLA FL 32534**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D GULLEY, PATRICIA J**
 STREET ADDRESS **6040 TOULOUSE DR.**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☒ Addition
 NAME **D Thomas-Hall, Valerie**
 STREET ADDRESS **1537 Kyle Drive**
 CITY-ST-ZIP **Pensacola, FL 32505**

TITLE ☐ Delete
 NAME **D THOMAS, JACQUELINE L**
 STREET ADDRESS **8609 UNTREINER AVE.**
 CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Change ☒ Addition
 NAME **D Phillips, Samuel L**
 STREET ADDRESS **3005 North Tarragona Street**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE ☐ Delete
 NAME **D THOMAS, DAVID L**
 STREET ADDRESS **1519 KYLE DR.**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☒ Addition
 NAME **D Gulley, Samuel L**
 STREET ADDRESS **6040 Toulouse Dr.**
 CITY-ST-ZIP **Pensacola, FL 32505**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D Randolph, Chris**
 STREET ADDRESS **1601 East Boars**
 CITY-ST-ZIP **Pensacola, FL 32508**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patricia J. Gulley

29 April 2002 (850)434-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)