

FILED
May 21, 2002 8:00 am
Secretary of State

03-06-2002 90022 045 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008670

1. Entity Name

FLORIDA ASSOCIATION OF PHCC SCHOOL, INC.

Principal Place of Business

6819 EDGEWATER DR
 ORLANDO FL 32810

Mailing Address

6819 EDGEWATER DR
 ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

59-3760551

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

HOLLOWAY, RAYMOND R
 6819 EDGEWATER DR
 ORLANDO FL 32810

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

Raymond R Holloway President

02-15-02

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	PRESIDENT	☐ Delete
NAME	RAYMOND R. HOLLOWAY	
STREET ADDRESS	6819 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO, FLA. 32810	
TITLE	VICE PRESIDENT	☐ Delete
NAME	JESSE GREEN	
STREET ADDRESS	17243 121 TERRACE N.	
CITY-ST-ZIP	JUPITER, FLA. 33478	
TITLE	TREASURER	☐ Delete
NAME	GRACE H. HOLLOWAY	
STREET ADDRESS	6819 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO, FLA. 32810	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Raymond R Holloway

02-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)