

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0001826

DOCUMENT # N02000000685

1. Entity Name

CAPITAL CITY PREPARATORY SCHOOLS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 12 PM 12:03

Principal Place of Business

1519 CHINA GROVE TRAIL
TALLAHASSEE FL 32301

Mailing Address

1519 CHINA GROVE TRAIL
TALLAHASSEE FL 32301

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

01-0665627

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARR, NORRIS H
1519 CHINA GROVE TRAIL
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME BARR, NORRIS
STREET ADDRESS 1519 CHINA GROVE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE DV ☐ Delete
NAME BARR, RUBY SEYMOUR
STREET ADDRESS 1519 CHINA GROVE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE DS ☒ Delete
NAME WYNN, LYNDIA
STREET ADDRESS PO BOX 3452
CITY-ST-ZIP TALLAHASSEE FL 32315

TITLE Dire ☐ 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 400024962444
CITY-ST-ZIP 11/24/03--01027--008 **70.00

TITLE D/V/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Arthur Roberson ☐ Change ☒ Addition
NAME Director
STREET ADDRESS 2100 Apalachee #1E
CITY-ST-ZIP Tallahassee, FL 32301

TITLE Director ☐ Change ☒ Addition
NAME Pastor Howard McMillan
STREET ADDRESS 310 Laura Lee
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS REINSTATEMENT 03
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:

[Signature] President 11/13/03 942-7277

CR2E037 (4/03)

11/13/03

To Whom It May Concern

This correspondence is to advise that I did not receive my uniform business report (Corporate renewal) until recently (within the past week) (November 7, 2003) I am requesting waiver of the \$236.25 fee.

Thank you for your time and talent in ~~not~~ consideration of this request.

Sincerely,

W. James H. Barr

President
Capital City Preparatory Schools
1410 E. Indianhead Drive
Tallahassee, FL 32301

942-7277