

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

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90142 046 ****61.25

DOCUMENT # N02000008873

1. Entity Name

CROSSOVER CHRISTIAN ACADEMY, INC.



Principal Place of Business

**4305 NARVAEZ WAY SOUTH
ST. PETERSBURG FL 33712**

Mailing Address

**4305 NARVAEZ WAY SOUTH
ST. PETERSBURG FL 33712**

2. Principal Place of Business

4305 Narvaez Ways

3. Mailing Address

4305 Narvaez Wgs

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

04-3711518

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRIEGER, LESLIE
4305 NARVAEZ WAY SOUTH
ST. PETERSBURG FL 33712**

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

Leslie Brieger

8/1/03

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 ☐ Delete
NAME **D BERRY, LINDA**
STREET ADDRESS **2512 - 11TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☐ Delete
NAME **BRIEGER, LESLIE**
STREET ADDRESS **4305 NARVAEZ WAY SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete
NAME **D FORD, DENISE**
STREET ADDRESS **3470 - 7TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

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

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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 REQUIRED

8/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)