

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03563

1. Entity Name

BRADENTON CHRISTIAN SCHOOL FOUNDATION, INC.

Principal Place of Business

3304 43RD STREET, WEST
BRADENTON FL 34209

Mailing Address

3304 43RD STREET, WEST
BRADENTON FL 34209

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

59-2524197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WICHES, WILBERT
2604 PALMA SOLA BV
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

WALDO, DOUGLAS

Street Address (P.O. Box Number is Not Acceptable)

5720 3rd AVE. W.

City

BRADENTON

FL

Zip Code
34209

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WALDO, DOUGLAS
5720 -3RD AVE W
BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WESTRA, DONALD
6112 SHORE ACRES
BRADENTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FISHER, DANIEL
5403 -3RD AVE DR. NW
BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WICHES, WILBERT
2604 PALMA SOLA BLVD.
BRADENTON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01

Date

941-792-5454

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)