

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05605

1. Entity Name

AUCILLA CHRISTIAN ACADEMY BOOSTERS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90194 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

240 W. WASHINGTON ST.  
 MONTICELLO FL 32344

240 W. WASHINGTON ST.  
 MONTICELLO FL 32344-1442

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

59-2435410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, GEORGE  
 240 W WASHINGTON STREET  
 MONTICELLO FL 32344

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 PD  
 NAME MITCHELL, BRUCE ☒ Delete  
 STREET ADDRESS RT 4 BOX 40320  
 CITY-ST-ZIP MONTICELLO FL 32344

TITLE P/D James Sherrad ☐ Change ☒ Addition  
 NAME P.O. Box 596  
 STREET ADDRESS Greenville, FL 32331  
 CITY-ST-ZIP

TITLE VPD  
 NAME KING, JERRY ☐ Delete  
 STREET ADDRESS RT 1  
 CITY-ST-ZIP LAMONT FL 32346

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

TITLE TD  
 NAME GUNNELS, BILL ☐ Delete  
 STREET ADDRESS 800 S JEFFERSON ST  
 CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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**

4-26-00

671-0589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #