

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07764

Entity Name

COMMUNITY CHRISTIAN SCHOOL OF LABELLE, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90127 033 ****61.25

Principal Place of Business

Mailing Address

992 COWBOY WAY
LABELLE FL 33935-9280
S

PO BOX 1860
LABELLE FL 33935-9280
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2504964

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ELVER, RALPH
461 S MAIN ST (SR 29)
DRAWER 2280
LABELLE FL 33935

Name

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

City

FL

Zip Code

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

LE TR ☐ Delete
ME PARRISH, RANDALL T J.
REET ADDRESS 100 N. MAIN STREET
TY-ST-ZIP LABELLE FL 33935

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

LE PCTR ☐ Delete
ME ELVER, RALPH
REET ADDRESS 461 S MAIN ST (SR29)
TY-ST-ZIP LABELLE FL

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

LE TR ☐ Delete
ME LANGFORD, PATRICK
REET ADDRESS 6TH AVE.
TY-ST-ZIP LABELLE FL

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

LE TTR ☐ Delete
ME SOUD, CAREY
REET ADDRESS 2074 FT DENAUD RD
TY-ST-ZIP LABELLE FL

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

LE STR ☐ Delete
ME BEER, BRIAN
REET ADDRESS 1021 N RIVER ROAD
TY-ST-ZIP LABELLE FL 33935

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

LE VTR ☐ Delete
ME SHERROD, WILLIAM
REET ADDRESS 345 7TH AVE
TY-ST-ZIP LABELLE FL

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

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 or without power.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)