

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08347

1. Entity Name

SANTA ROSA PROFESSIONAL EDUCATORS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90018 005 ****61.25

Principal Place of Business

Mailing Address

301 SANTA ROSA STREET
MILTON FL 32570-6772

301 SANTA ROSA STREET
MILTON FL 32570-6772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1633164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GANDY, WILLIAM H
1201 GANDYVILLE RD
CENTURY FL 32535

Name

Beverly S. Sheffield

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

4569 Forsyth St.

City

Bagdad

FL

Zip Code

32530

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

Beverly S. Sheffield

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-21-2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GANDY, WILLIAM H	
STREET ADDRESS	1201 GANDYVILLE RD	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CROSSWELL, KATHLEEN	
STREET ADDRESS	805 SUNNYSIDE DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BROWN, BARBARA C	
STREET ADDRESS	5769 TRULUCK DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, BEVERLY	
STREET ADDRESS	4569 FORSYTHE STREET	
CITY-ST-ZIP	BAGDAD FL 32530	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELTON, STEPHANIE	
STREET ADDRESS	7421 DILCY CIR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COON, ALICIA	
STREET ADDRESS	5348 JEREMY DR	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly S. Sheffield	
STREET ADDRESS	4569 Forsyth St.	
CITY-ST-ZIP	Bagdad, FL 32530	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Crosswell	
STREET ADDRESS	805 Sunnyside Dr.	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara C. Brown	
STREET ADDRESS	5769 Truluck Dr.	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Venetia G. Schang	
STREET ADDRESS	4838 San Miguel St.	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie Shelton	
STREET ADDRESS	5129 Westport	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela K. Mapoles	
STREET ADDRESS	3652 Bagwell Rd.	
CITY-ST-ZIP	Pace, FL 32571	

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: *Beverly S. Sheffield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

850-623-5817

CR2E037 (9/99)