

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90023 012 ****61.25

0019422

DOCUMENT # N08347

1. Entity Name

SANTA ROSA PROFESSIONAL EDUCATORS, INC.

Principal Place of Business

**301 SANTA ROSA STREET
MILTON FL 32570-6772**

Mailing Address

**301 SANTA ROSA STREET
MILTON FL 32570-6772**

2. Principal Place of Business

5154 Santa Rosa St.

3. Mailing Address

5154 Santa Rosa St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

Country

32570-6772

USA

Zip

Country

32570-6772

USA

4. FEI Number

59-1633164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEFFIELD, BEVERLY S
4569 FORSYTH ST
BAGDAD FL 32530**

7. Name and Address of New Registered Agent

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**

Beverly S. Sheffield

4/10/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Beverly S. Sheffield 4569 Forsyth St. Bagdad, FL 32530	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kathleen Crosswell 805 Sunnyside Dr. Milton, FL 32570	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Barbara C. Brown 5769 Truluck Dr. Milton, FL 32570	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Rhonda Chavers 6308 Fairfield Dr. Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tiphonie Hamilton 4244 Burbank Dr. Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael O. Phillips 5664 Nicklaus Lane Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Beverly S. Sheffield

4/10/01

1-850-623-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)