

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90170 001 ****61.25

DOCUMENT # N08347

1. Entity Name

SANTA ROSA PROFESSIONAL EDUCATORS, INC.

Principal Place of Business

5154 SANTA ROSA STREET
MILTON FL 32570-6772

Mailing Address

5154 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

4. FEI Number

59-1633164

Applied For

Not Applicable

Zip

32570-6772

Country

USA

Zip

32570-6772

Country

USA

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 Sheffield, President

4/12/02

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	DP	<input type="checkbox"/> Delete
NAME	SHEFFIELD, BEVERLY S	
STREET ADDRESS	4569 FORSYTH STREET	
CITY-ST-ZIP	BAGDAD FL 32530	
TITLE	DV	<input checked="" 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	CHAVERS, RHONDA	
STREET ADDRESS	6308 FAIRFIELD DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, TIPHANIE	
STREET ADDRESS	4244 BURBANK DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, MICHAEL O	
STREET ADDRESS	5664 NICKLAUS LANE	
CITY-ST-ZIP	MILTON FL 32570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Gandy	
STREET ADDRESS	1201 Gandyville Rd.	
CITY-ST-ZIP	Century, FL 32535	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara C. Gillis	
STREET ADDRESS	5769 Truluck Dr.	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jessica Mathews	
STREET ADDRESS	2950 Bear Lake Rd.	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tiphane Hamilton	
STREET ADDRESS	4244 Burbank Dr.	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael P. Phillips	
STREET ADDRESS	5664 Nicklaus Ln	
CITY-ST-ZIP	Milton, FL 32570	

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 Sheffield (Beverly Sheffield)

4/12/02

850-623-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)