## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N08347**

PHILLIPS, MICHAEL O

**5664 NICKLAUS LANE** 

NAME

STREET ADDRESS

	NIFORM BUSINE	Apr 07, 2003 8:00 am Secretary of State				1		
DOCU 1. Entity Nam	MENT # N08347			$\mathbf{S}$	Secretary of State 04-07-2003 90133 049 ****61.25			
-	OSA PROFESSIONAL EDUCA	TORS, INC.			04-07-2003 90133	049 ****61	.25	
Principal Place of Business 5154 SANTA ROSA STREET MILTON FL 32570-6772		Mailing Address 5154 SANTA ROSA STREET MILTON FL 32570-6772		) (AB)((FB) (AF) A	ITAL ININN JURU NINU INN NINU	<b>a</b> if <b>a</b> fbil <b>a</b> idil <b>b</b> hài	h 81861 1801	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				-
City & State		City & State		4. FEI Number 59-1633164 Applied For Not Applicable				
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			itional	
	6. Name and Address of Current	Registered Agent		. * 7. Name and Add	ress of New Registered			
SHEFFIELD, BEVERLY S 4569 FORSYTH ST			Name W; Street Addre	Name William H. Gandy Street Address (P.O. Box Number is Not Acceptable)				
BAGDAD	FL 32530		1201 G	Fandyvi	11c Rd. F1	Zip Code	مردم د	
	named entity submits this statement for		e	ntury		-   Deli	00	
SIGNATURE .	W. U.a. H. Handy SIgnature, typed or printed name of registered agent		m H Gang	ulted when reinstating) \$5.00 May Be	4-2 DATE	ck Payable 1	to	
4	FILE NOW: FEE IS \$61.25	Trust Fund C	Contribution.	Added to Fees	Florida Depa			
10.	OFFICERS AND DIF	RECTORS	11.		ES TO OFFICERS AND D		10	_
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	DP ( SHEFFIELD, BEVERLY S 4569 FORSYTH STREET BAGDAD FL 32530	` □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	andy, Willi	'am H.,SR. ille Rd. 32535	<b>I</b> Change	Addition CO/OH 24034	; ; ; ; ; ;
TITLE NAME STREET ADDRESS	DV GANDY, WILLIAM H 1201 GANDYVILLE RD	☐ Delete	TITLE S S NAME STREET ADDRESS 45	reffield,	Beverly	Change Change	Addition	)
CITY-ST-ZIP- CENTURY FL 32535		CITY-ST-ZIP=== Bo	adad FL3	2530			•	
TITLE NAME STREET ADORESS	T ADDRESS 5769 TRULUCK DR		STREET ADDRESS 6	308 Fairfi	avers Rhonda 8 Fairfield Ori			
TITLE NAME	DT , MATHEWS, JESSICA	☐ Delete	TITLE D-	ilton, FL Tosswell, K	32510 Cathleen	Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	2950 BEAR LAKE RD MILTON FL 32570	☐ Delete	CITY-ST-ZIP		32570	Change	☐ Addition	
NAME STREET ADDRESS	HAMILTON, TIPHANIE 4244 BURBANK DRIVE	_ boldt	NAME STREET ADDRESS CITY-ST-ZIP	bson Glo 3 Oakilan ilton Fl	ria d Or.		_ '	
CITY-ST-ZIP TITLE	MILTON FL 32583	□ Delete	TITLE D	11101, FL	- 323 10	☐ Change	☐ Addition	

Phillips, Michael 5664 Nicklaus Ln. Milton, FL 32570 MILTON FL 32570 12. Thereby 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.

STREET ADDRESS

m H. Gandys4-2-03

**FILED**