

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13668

1. Entity Name

PACE CHRISTIAN ACADEMY & CHILD CARE, INC.

**FILED**  
Feb 29, 2000 8:00 am  
**Secretary of State**

02-29-2000 90116 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3948 HWY 90  
4544 MAJORS ST.  
PACE FL 32571-8998  
US

3948 HWY 90  
4544 MAJORS ST.  
PACE FL 32571-1116  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2642973

Applied For

Not Applicable

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

LOWERY, GLYN, JR.  
3948 HWY 90  
PACE FL 32571-8998

Name

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

City

FL

Zip Code

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST ☐ Delete  
WARRICK, DANNY  
3948 HWY 90  
PACE FL  
D ☐ Delete  
BUSBEE, MACK H.,SR.  
3948 HWY 90  
PACE FL  
D ☐ Delete  
STEWART, A.M.  
3948 HWY 90  
PACE FL  
P ☐ Delete  
LOWERY, GLYN, JR.  
3948 HWY 90  
PACE FL  
V ☐ Delete  
BYRD, LINDA  
3948 HWY 90  
PACE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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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:

*Glyn Lowery, Jr.*  
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Glyn Lowery, Jr. 2/3/00 850-994-7131  
Date Daytime Phone #

CR2E037 (9/99)