

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90150 004 ****61.25

DOCUMENT # N27385

1. Entity Name

SAND LAKE CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

C/O LES HALL
5838 HOFFNER AVENUE
ORLANDO, FL 32822
US

5838 HOFFNER AVE
ORLANDO FL 32822
US

2. Principal Place of Business

3. Mailing Address

C/O CYNTHIA MASCARENHAS

Suite, Apt. #, etc.
5838 HOFFNER AV.

Suite, Apt. #, etc.

City & State
OR. FL 32822

City & State

Zip
32822

Country
US

Zip

Country

4. FEI Number

59-2900354

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

CHAMBERS, DIANNE
1419 43RD ST
ORLANDO FL 32839

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
D
MASCARENHAS, FRANZ
7200 PERSHING AVE
ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MASCARENHAS, FRANZ
7200 PERSHING AV.
ORLANDO, FL 32822 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASCARENHAS, CYNTHIA
7200 PERSHING AVE
ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MASCARENHAS, CYNTHIA
7200 PERSHING AV
ORLANDO, FL 32822 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CESARANO, MICHAEL
100 PALERMO AVE S
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CESARANO, RENEE
100 PALERMO AVE S
ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILLIAMS, BOB
10420 LEHMAN ST
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, BOB
10420 LEHMAN ST.
ORLANDO, FL 32825 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILLIAMS, MARILYN
10420 LEHMAN ST
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, MARILYN
10420 LEHMAN ST.
ORLANDO, FL 32825 ☒ Change ☐ 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: CYNTHIA MASCARENHAS 01/14/02 (407) 3815113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)