

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90152 032 \*\*\*\*61.25

**DOCUMENT # N30772**

1. Entity Name

**CLEARWATER CHRISTIAN COLLEGE PRIVATE SCHOOL, INC**

Principal Place of Business

**3400 GULF TO BAY BLVD  
CLEARWATER FL 33759-4595  
US**

Mailing Address

**3400 GULF TO BAY BLVD  
CLEARWATER FL 33759-4595  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1113963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒ ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LIVINGSTON, RANDY T.  
3400 GULF TO BAY BLVD.  
CLEARWATER FL 33759-4595**

7. Name and Address of New Registered Agent

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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>YOUSTRA, GEORGE D</b><br><b>3351 SAN JOSE ST</b><br><b>CLEARWATER FL</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CUSTER, CLAYTON M</b><br><b>8370 LISMORE STREET</b><br><b>CLEMMONS NC 27012</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>EASTER, LOWELL</b><br><b>3035 COUNTRYSIDE BLVD</b><br><b>CLEARWATER FL</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CALVERT, BUD</b><br><b>6401 MISSIONARY LANE</b><br><b>FAIRFAX STATION VA 22039</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GARRETT, ROBERT D</b><br><b>205 TERRACE DRIVE</b><br><b>ANDERSON SC 29621</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HILDEBRAND, KATHY S</b><br><b>2113 WATERWAY LANE</b><br><b>SNELLVILLE GA 30078</b> | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)