

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31345

1. Entity Name

SUWANNEE RIVER VALLEY CHRISTIAN ACADEMY PRIVATE  
SCHOOL SYSTEM, INC.

Principal Place of Business

Mailing Address

8149 SW COUNTRY RD  
341  
TRENTON FL 32693  
US

8149 SW COUNTRY RD  
341  
TRENTON FL 32693  
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

59-2905305

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

Name

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

City

FL

Zip Code

MUCCIARONE, LIZ  
904 SO MAIN ST  
TRENTON FL 32693

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 Liz Mucciarone / Administrator

3/26/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D BISHOP, MARK  
STREET ADDRESS RT 2 BOX 285 6559 SE CR 337  
CITY-ST-ZIP TRENTON FL 32693

TITLE ☐ Change ☒ Addition  
NAME D Cothron, Phillip  
STREET ADDRESS 6950 NW 87th. Place  
CITY-ST-ZIP Chiefland, FL 32626

TITLE ☐ Delete  
NAME D MOTT, WILLIAM  
STREET ADDRESS P.O. BOX 1427 N/A  
CITY-ST-ZIP OLD TOWN FL 32680

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

TITLE ☐ Delete  
NAME D REED, RICK  
STREET ADDRESS P.O. BOX 186 N/A 4929 SW 35th. Trail  
CITY-ST-ZIP BELL FL 32619

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

TITLE ☐ Delete  
NAME D COOK, RHONDA  
STREET ADDRESS P.O. BOX 1914 N/A 4950 NW 70th St.  
CITY-ST-ZIP CHEIFLAND FL 32626

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

TITLE ☐ Delete  
NAME D INGRAM, LASCELLA  
STREET ADDRESS P.O. BOX 459 N/A  
CITY-ST-ZIP BELL FL 32619

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

TITLE ☐ Delete  
NAME D CUMBIE, RODNEY  
STREET ADDRESS RT 1, BOX 301X 2729 SW CR 341  
CITY-ST-ZIP BELL FL 32619

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

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: Liz Mucciarone

3/26/02

(352) 463-1569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0094321

CR2E037 (9/01)