

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90248 032 ****61.25

DOCUMENT # N31345

1. Entity Name

**SUWANNEE RIVER VALLEY CHRISTIAN ACADEMY PRIVATE
SCHOOL SYSTEM, INC.**



Principal Place of Business

**8149 SW COUNTRY RD
341
TRENTON FL 32693
US**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MUCCIARONE, LIZ
904 SO MAIN ST
TRENTON FL 32693**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, MARK	
STREET ADDRESS	RT 2 BOX 285 6559 SE CR 337	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTT, WILLIAM	
STREET ADDRESS	P.O. BOX 1427 N/A	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, RICK	
STREET ADDRESS	4929 SW 35TH TRAIL	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOK, RHONDA	
STREET ADDRESS	4950 NW 70TH STREET	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, LASCELLA	
STREET ADDRESS	P.O. BOX 459 N/A	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUMBIE, RODNEY	
STREET ADDRESS	2729 SW CR 341	
CITY-ST-ZIP	BELL FL 32619	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lacey Vaughan	
STREET ADDRESS	P.O. Box 1251	
CITY-ST-ZIP	Cross City, FL 32628	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn Davis	
STREET ADDRESS	107 N. Young Blvd.	
CITY-ST-ZIP	Chiefland, FL 32626	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allison Gilliam	
STREET ADDRESS	P.O. Box 1825	
CITY-ST-ZIP	Chiefland, FL 32644	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **REQUIRED**

2/12/03

(352)463-1569

CR2E037 (10/02)