

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90023 019 \*\*\*\*\*61.25

**DOCUMENT # N33716**

1. Entity Name

**COMMUNITIES IN SCHOOLS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

1761 W. HILLSBORO BLVD.  
 SUITE 201  
 DEERFIELD BEACH FL 33442  
 US

1761 W. HILLSBORO BLVD.  
 SUITE 201  
 DEERFIELD BEACH FL 33442  
 US

2. Principal Place of Business

2728-C Pablo Ave

3. Mailing Address

2728-C Pablo Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Tallahassee, FL 32308

City & State  
 Tallahassee, FL 32308

4. FEI Number

65-0139769

Applied For

Not Applicable

Zip  
 32308

Country  
 Leon

Zip  
 32308

Country  
 Leon

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

**GRACEY, LOIS L**  
 1761 W HILLSBORO BLVD STE 201  
 DEERFIELD BEACH FL 33442

Name  
 Lois L. Gracey

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

2728-C Pablo Ave

City  
 Tallahassee

FL

Zip Code  
 32308

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

Lois L. Gracey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-11-02

**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  
 TD  
 RANNEY, THOMAS A  
 4848 REDBUD LANE  
 JACKSONVILLE FL 32207 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 GRANGER, TED  
 307 E 7TH AVE STE 204  
 TALLAHASSEE FL 32303 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 Davis, Sandra  
 801 Marsh Trail Circle  
 Atlanta GA 30328 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VCD  
 MC LAMORE, LAURIE  
 4801 W KENNEDY BLVD ST 305  
 TAMPA FL 33609 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 CD  
 JENNINGS, MICHAEL  
 841 PRUDENTIAL DIRVE  
 JACKSONVILLE FL 32007 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 GRACEY, LOIS L  
 9033 GLADES RD., SUITE 'D'  
 BOCA RATON FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 Gracey, Lois L  
 2728-C Pablo Ave  
 Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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

*Lois L. Gracey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois L. Gracey President 01-11-02 (850) 386-3514

Date

Daytime Phone #

CR2E037 (9/01)