

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38020

1. Entity Name

COMMUNITY CHRISTIAN SCHOOLS OF PINELLAS, INC.

Principal Place of Business

13650 WALSINGHAM
LARGO FL 33774
US

Mailing Address

13650 WALSINGHAM
LARGO FL 33774
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

59-3010051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBSON, ALAN
1240 15TH CT SW
LARGO FL 33771

7. Name and Address of New Registered Agent

Name MARIA GUSTIN

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

11751 TRADEWINDS BLVD

LARGO

City LARGO

FL

Zip Code

33773

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.

MARIA GUSTIN - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

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 A ☐ Delete
NAME BAKER, DICK
STREET ADDRESS 13650 WALSINGHAM RD.
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ Delete
NAME ROBSON, ALAN
STREET ADDRESS 1240 15TH CT
CITY-ST-ZIP LARGO FL

TITLE ST ☐ Delete
NAME LIPPERT, ROBERT
STREET ADDRESS 10177 SAILWINDS BLVD, S
CITY-ST-ZIP LARGO FL 33773

TITLE D ☒ Delete
NAME AMBURGY, DARLA
STREET ADDRESS 725 1ST CT 90A
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME GUSTIN, MARIA
STREET ADDRESS 11751 TRADEWINDS BLVD
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01 727.57.8282

Date

Daytime Phone #

CR2E037 (10/00)

0064673

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90166 017 ****61.25

UUUUUUUU



DO NOT WRITE IN THIS SPACE