

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91404 046 \*\*\*\*61.25

0000031

**DOCUMENT # N38020**

1. Entity Name

**COMMUNITY CHRISTIAN SCHOOLS OF PINELLAS, INC.**

Principal Place of Business

Mailing Address

**13650 WALSHINGHAM  
 LARGO FL 33774  
 US**

**13650 WALSHINGHAM  
 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUSTIN, MARIA  
 11751 TRADEWINDS BLVD  
 LARGO FL 33773**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **A BAKER, DICK**  
 STREET ADDRESS **13650 WALSHINGHAM RD.**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D WAYNE JORDAN**  
 STREET ADDRESS **13510 95TH AVE. N.**  
 CITY-ST-ZIP **SEMINOLE, FL. 33776**

TITLE  Delete  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-02**

Date

**727.517.8282**

Daytime Phone #

CR2E037 (9/01)