

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90996 021 \*\*\*\*61.25

**DOCUMENT # N40698**

1. Entity Name

**SEMINOLE HIGH SCHOOL COMMUNITY AND STUDENT ACTIO**

Principal Place of Business

Mailing Address

101 FAIRWAY  
 LONGWOOD FL 32779  
 US

101 FAIRWAY  
 LONGWOOD FL 32779-4941  
 US

2. Principal Place of Business

3. Mailing Address

770 BANANA LAKE RD

770 BANANA LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE MARY FL

LAKE MARY, FL

4. FEI Number

59-3014412

Applied For

Not Applicable

Zip

Country

Zip

Country

32746

SEMINOLE

32746

SEMINOLE

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

HIGGINS, WILLIAM M.  
 2420 SOUTH BAY AVENUE  
 SANFORD FL 32771

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 **D**  Delete  
 NAME **HIGGINS, WILLIAM M**  
 STREET ADDRESS **2420 SOUTH BAY AVENUE**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD**  Delete  
 NAME **WELLS, TOBY**  
 STREET ADDRESS **P.O. BOX 1334 N/A**  
 CITY-ST-ZIP **SANFORD FL 32772**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **SPRINGFIELD, JANICE R**  
 STREET ADDRESS **770 BANANA LAKE RD**  
 CITY-ST-ZIP **LAKE MARY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 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

*Janice R. Springfield*  
 TREAS

Date

4-27-2000

Daytime Phone #

407  
 333-4342

CR2E037 (9/99)