

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40698

1. Entity Name

SEMINOLE HIGH SCHOOL COMMUNITY AND STUDENT ACTIO

Principal Place of Business

101 FAIRWAY
LONGWOOD FL 32779
US

Mailing Address

101 FAIRWAY
LONGWOOD FL 32779-4941
US

2. Principal Place of Business

770 BANANA LAKE RD

3. Mailing Address

770 BANANA LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

6. Name and Address of Current Registered Agent

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

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, WILLIAM M	
STREET ADDRESS	2420 SOUTH BAY AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WELLS, TOBY	
STREET ADDRESS	P.O. BOX 1334 N/A	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SPRINGFIELD, JANICE R	
STREET ADDRESS	770 BANANA LAKE RD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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:

Janice R. Springfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

407
333-4342

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)