

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43271

1. Entity Name

LAKE PLACID CHRISTIAN SCHOOL, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90013 024 ****61.25

Principal Place of Business

106 E. INTERLAKE BLVD.
LAKE PLACID FL 33862
US

Mailing Address

P.O. BOX 950
LAKE PLACID FL 33862
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

148 E. Interlake Blvd.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3072235

Applied For

☒ Not Applicable

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

WEEKS, ROBIN CPA
404 SOUTH SIXTH AVE
WAUCHULA FL 33873

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 P
NAME GRIFFIN, DENNIS
STREET ADDRESS 109 SIRENA DR.
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE V
NAME KLIPPEL, JOYCE
STREET ADDRESS 120 MURRAY COURT NW
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE S
NAME GRIDSBY, MARTHA
STREET ADDRESS P O BOX 625, 222 CATFISH CREEK ROAD
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE T
NAME GRIFFIN, NORMA
STREET ADDRESS 109 SIRENA AVE
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE D
NAME DURRANCE, DEBORAH M
STREET ADDRESS 500 LOST LAKE DR
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE D
NAME REYNOLDS, GREGRY S
STREET ADDRESS 4055 PLACIDVIEW
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

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:

Dennis C Griffin
Headmaster LPS

1/14/02

863-465-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)