

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46135

1. Entity Name

TALLAVANA CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

RT 3 BOX 498
HAVANA FL 32333
US

5840 HAVANA HIGHWAY
HAVANA FL 32333-5302
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

59-3097271

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

CUTLER, JOSEPH
5840 HAVANA HIGHWAY
HAVANA FL 32333

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 reappointing)

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 VD President ☐ Delete
NAME CUTLER, JOSEPH
STREET ADDRESS RT 3 BOX 498
CITY-ST-ZIP HAVANA FL 32333

TITLE ☒ Change ☐ Addition
NAME 5840 HAVANA Hwy.
STREET ADDRESS
CITY-ST-ZIP

TITLE ST Member ☒ Delete
NAME GREGORY, BEVERLY
STREET ADDRESS RT 3 BOX 498
CITY-ST-ZIP HAVANA FL 32333

TITLE ☒ Change ☐ Addition
NAME 5840 HAVANA Hwy.
STREET ADDRESS
CITY-ST-ZIP

TITLE P Secretary ☐ Delete
NAME JETT, ROBERT
STREET ADDRESS 5840 HAVANA HIGHWAY
CITY-ST-ZIP HAVANA FL 32333

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

TITLE D Member ☐ Delete
NAME ROWAN, SONORA
STREET ADDRESS RT 3 BOX 498
CITY-ST-ZIP HAVANA FL 32333

TITLE ☒ Change ☐ Addition
NAME 5840 HAVANA Hwy.
STREET ADDRESS
CITY-ST-ZIP

TITLE FRAZIER, DAVID, Member ☐ Delete
NAME 5840 HAVANA Hwy.
STREET ADDRESS HAVANA, FL 32333

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

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 817, 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

4-27-2000

Date

Daytime Phone #

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-13-2000 90041 050 ****61.25

DO NOT WRITE IN THIS SPACE

CR2EC037 (9/99)