## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 22, 2001 8:00 am **DOCUMENT # N50787 Secretary of State** 1. Entity Name 06-22-2001 90003 037 \*\*\*\*61.25 EAST HILL CHRISTIAN SCHOOL FOUNDATION, INC. Principal Place of Business Mailing Address 1301 E GADSDEN 1301 E GADSDEN A0074414 PENSACOLA FL 32501 PENSACOLA FL 32501 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3145526 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILSON, BILL 1301, E. GADSDEN PENSACOLA FL 32501 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME DOYLE, ROGER STREET ADDRESS STREET ADDRESS 4 W. GADSDEN CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Addition ☐ Change TITLE ☐ Delete TD NAME SPEED, JIM STREET ADDRESS STREET ADDRESS 2715 HEYWARD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Addition ☐ Delete ☐ Change TITLE JACKSON, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 900 N. 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS 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 atta with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

850) 435-8300

☐ Change

Addition

**FILED** 

CR2E037 (10/00