

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000804**

1. Entity Name

BREVARD COUNTY INDEPENDENT PRIVATE SCHOOL SYSTEM**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90252 020 ****61.25

Principal Place of Business

Mailing Address

**202 RIVER HEIGHTS DRIVE
COCOA FL 32922****202 RIVER HEIGHTS DRIVE
COCOA FL 32922**

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

59-3068891

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

**GUTHRIE, DIANE S
25 MCLEOD ST
PO BOX 541323
MERRITT ISLAND FL**

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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
AMSTADT, DOROTHY L
202 RIVER HEIGHTS DRIVE
COCOA FL 32922**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
GRAHAM, ELIZABETH B.
988 WOODSMERE PKWY
ROCKLEDGE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
CHAVEZ, DEBORAH
202 RIVER HEIGHTS DRIVE
COCOA FL 32922**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
CURRY, CHRISTOPHER C
2096 OTTERBEIN AVENUE
COCOA FL 32922**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
AMSTADT, DAVID
5941 CEDAR LAKE DRIVE
COCOA FL 32927**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
TAYLOR, KATHERINE E
988 NICKLAUS DRIVE
ROCKLEDGE FL 32955**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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: *Dorothy L Amstadt*

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN 2001

Date

321-672-4480

Daytime Phone #

CR2E037 (10/00)