

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90088 011 ****61.25

DOCUMENT # N92000000804

1. Entity Name

**BREVARD COUNTY INDEPENDENT PRIVATE SCHOOL SYSTEM
, INC.**



Principal Place of Business

**202 RIVER HEIGHTS DRIVE
COCOA FL 32922**

Mailing Address

**202 RIVER HEIGHTS DRIVE
COCOA FL 32922**

2. Principal Place of Business

988 Woodsmere Pkwy.

3. Mailing Address

988 Woodsmere Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Rockledge, FL

City & State
Rockledge, FL

Zip
32955

Country
Brevard

Zip
32955

Country
Brevard

4. FEI Number **59-3068891**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **AMSTADT, DOROTHY L**
STREET ADDRESS **202 RIVER HEIGHTS DRIVE**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☒ Addition
NAME **GRAHAM, HENRY F.**
STREET ADDRESS **(988 Woodsmere Pkwy.**
CITY-ST-ZIP **Rockledge, FL. 32955**

TITLE **D** ☐ Delete
NAME **GRAHAM, ELIZABETH B.**
STREET ADDRESS **988 WOODSMERE PKWY**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **D** ☐ Delete
NAME **CHAVEZ, DEBORAH**
STREET ADDRESS **202 RIVER HEIGHTS DRIVE**
CITY-ST-ZIP **COCOA FL 32922**

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

TITLE **D** ☐ Delete
NAME **CURRY, CHRISTOPHER C**
STREET ADDRESS **2096 OTTERBEIN AVENUE**
CITY-ST-ZIP **COCOA FL 32922**

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

TITLE **D** ☐ Delete
NAME **AMSTADT, DAVID**
STREET ADDRESS **5941 CEDAR LAKE DRIVE**
CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☒ Delete
NAME **TAYLOR, KATHERINE E**
STREET ADDRESS **988 NICKLAUS DRIVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☒ Addition
NAME **BURCH, WARREN S.**
STREET ADDRESS **3685 LONGBOW RD.**
CITY-ST-ZIP **COCOA, FL. 32926**

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:

HENRY F. GRAHAM, TREASURER

10 Feb 2003

321-636-2754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)