

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004833

1. Entity Name

COMMUNITIES IN SCHOOLS OF PUTNAM COUNTY, INC.

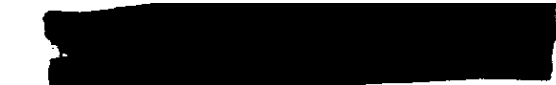
FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90013 038 ****70.00

Principal Place of Business 620 S. HIGHWAY 19 PALATKA FL 32177	Mailing Address 620 S. HIGHWAY 19 PALATKA FL 32177-3945
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3202598	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROWE, JOHN D
908 S HIGHWAY 19
PALATKA FL 32177

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$81.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASIA, CYNTHIA 200 S 7TH ST. PALATKA FL 32177 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWE, JOHN D 908 S. HIGHWAY 19 PALATKA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HEYMANN, JON 620 E. HIGHWAY 195 PALATKA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, RICARDO 205 SKEET CLUB RD PALATKA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HARVEY, LARRY 511 ATLANTIC AVE INTERLACHEN FL 32148 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pam Ward / Vice-Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 N 15th Street Palatka, Fla. 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nora Daniels <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 159 Confederate Point Road Palatka, Fla. 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jay Ginn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 417 St. John's Ave Palatka, Fla. 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Signature Required 5/17/00 9046846617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)