

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N94000004970

Entity Name

SON RISE CHRISTIAN ACADEMY, INC.

R

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90174 019 \*\*\*\*61.25

|                                   |   |
|-----------------------------------|---|
| Principal Place of Business       | Mailing Address                                   |
| NW 54 AVE<br>GAINESVILLE FL 32606 | P O BOX 140472<br>GAINESVILLE FL 32614-0472<br>US |

|                             |                     |
|-----------------------------|---------------------|
| Principal Place of Business | 3. Mailing Address  |
| 3912 NW 34 DR               |                     |
| Suite, Apt. #, etc.         | Suite, Apt. #, etc. |

|                 |              |
|-----------------|--------------|
| City & State    | City & State |
| GAINESVILLE, FL |              |
| Zip             | Country      |
| 32605           |              |

|                                  |                                |
|----------------------------------|--------------------------------|
| 4. FEI Number                    | Applied For                    |
| 59-3301612                       | Not Applicable                 |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/>         |                                |

|   |
|---|
| 6. Name and Address of Current Registered Agent |
| ROBERT L<br>NW 54 AVE<br>GAINESVILLE FL 32606   |

|  |
|--|
| 7. Name and Address of New Registered Agent                          |
| Name<br>OLSON, ERIC E.C.   |
| Street Address (P.O. Box Number is Not Acceptable)<br>3912 NW 34 DR. |
| City<br>GAINESVILLE  |
| FL   |
| Zip Code<br>32605  |

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]*

4-27-2000

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**

## OFFICERS AND DIRECTORS

|                    |                                 |
|--------------------|---------------------------------|
| PD                 | <input type="checkbox"/> Delete |
| LITTLER, ROBERT L  | D                               |
| 2507 NW 54 AVE     |                                 |
| GAINESVILLE FL     |                                 |
| VP                 | <input type="checkbox"/> Delete |
| LITTLER, BARBARA E | D                               |
| 2507 NW 54 AVE     |                                 |
| GAINESVILLE FL     |                                 |
| TD                 | <input type="checkbox"/> Delete |
| OLSON, ERIC        | D                               |
| 3912 NW 34TH DRIVE |                                 |
| GAINESVILLE FL     |                                 |
|                    | <input type="checkbox"/> Delete |
|                    |                                 |
|                    | <input type="checkbox"/> Delete |
|                    |                                 |
|                    | <input type="checkbox"/> Delete |
|                    |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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 links empowered.

SIGNATURE: *[Signature]*

ERIC E.C. OLSON

4-27-00

352-245  
5622

Date

Daytime Phone #

CRE037 (9/99)