

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90048 038 ****61.25

DOCUMENT # N94000004970

1. Entity Name

SON RISE CHRISTIAN ACADEMY, INC.

Principal Place of Business

3912 NW 34TH DRIVE
GAINESVILLE FL 32605

Mailing Address

P O BOX 140472
GAINESVILLE FL 32614-0472
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7015 NW 47 Terr.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-3301612

Applied For

Not Applicable

Zip

32653

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~OLSON, ERIC E~~
~~3912 NW 34TH DRIVE~~
~~GAINESVILLE FL 32605~~

7. Name and Address of New Registered Agent

Name Georgia Spence

Street Address (P.O. Box Number is Not Acceptable)
7015 NW 47 Terr.

City Gainesville

FL

Zip Code
32653

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 *Eric E. Olson* ERIC E.C. OLSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-01

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

TITLE PD ☒ Delete
NAME LITTLER, ROBERT L
STREET ADDRESS 2507 NW 54 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VPD ☒ Delete
NAME LITTLER, BARBARA E
STREET ADDRESS 2507 NW 54 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☒ Delete
NAME OLSON, ERIC
STREET ADDRESS 3912 NW 34TH DRIVE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☒ Addition
NAME Spence, Georgia
STREET ADDRESS 7015 NW 47 Terr.
CITY-ST-ZIP Gainesville, FL 32653

TITLE VPD ☒ Change ☐ Addition
NAME Spence, Don
STREET ADDRESS 7015 NW 47 Terr.
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ Change ☒ Addition
NAME Susan Vazoulas
STREET ADDRESS 5005 NW 71 ST PL
CITY-ST-ZIP Gainesville, FL 32653

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

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

TITLE ☐ Change ☐ Addition
NAME
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 attachment with an address, with all other like empowered.

SIGNATURE: *Eric E. Olson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-01 (352) 373-0654

Date

Daytime Phone #

CR2E037 (10/00)