

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000496

1. Entity Name

ALCOTT SCHOOL, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90161 042 ****61.25

Principal Place of Business

7308 E. FOWLER AVE.
TAMPA FL 33617
US

Mailing Address

P. O. BOX 291100
TAMPA FL 33687-1100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

59-3294333

Applied For

Not Applicable

Zip

Country

Zip

Country

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

URANOWSKI, MARY ANN
207 KINGSWAY RD.
BRANDON FL 33510

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 PD
NAME SANDERS, KELISTA
STREET ADDRESS 9908 LONE TREE LANE
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE D
NAME HALL, DEBRA
STREET ADDRESS 18438 STERLING SILVER CIR
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

TITLE D
NAME PULLEN, DAVID
STREET ADDRESS 802 ANNIE
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

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

TITLE STD
NAME SAND, SUSAN
STREET ADDRESS 12903 CINNIMON PLACE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

TITLE D
NAME HOFLE, REGAN
STREET ADDRESS 8912 EAGLE WATCH DR
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

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

TITLE VD
NAME DANGER, CHRISTINE A
STREET ADDRESS 1407 W. WOOD ST
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE
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:

Kelista Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-14-00

813 963 0399

CR2E037 (9/99)