## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9500001974 May 02, 2000 8:00 am Secretary of State 1. Entity Name COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC. 05-02-2000 90145 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 4949 VELDA DAIRY RD. 4949 VELDA DAIRY RD. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-2273 2. Principal Place of Business 3. Mailing Address <u>4859 Kerry Forest Pkwy</u> 4859 Kerry Forest Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3312971 τall<u>ahassee</u> <u>Tallahassee, </u> Not Applicable FLCountry \$8.75 Additional 5. Certificate of Status Desired П Fee Required 32308 32308 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- -<u>Argersinger, Thomas K</u> Street Address (P.O. Box Number is Not Acceptable) ARGERSINGER, THOMAS K 4949 VELDA DAIRY RD. TALLAHASSEE FL 32308 <u>4859 Kerry Forest Pkwy</u> Zip Code <u>Tallahassee</u> 32308 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. Thomas K. Argersinger SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ☐ Addition CURRIEO. STEVEN A NAME STREET ADDRESS 1491 GOVERNOR'S SQUARE BLVD. ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 SD ☐ Delete ☐ Change CAMPBELL, MAUREEN S NAME 2117 MILLER LANDING ROAD STREET ADDRESS ST-ZIP CITY-ST-ZIP <u>TALLAHASSEE FL 32312</u> PD Delete TITLE PD ☐ Addition Change Ch NAME HERING, JEFFREY A Heriq, Jeffery A. STREET ADDRESS 6709 TOMY LEE TRAIL 3646 Ocleon Drive ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Tallahassee, FL 32312 ☐ Change VD ☐ Delete TITLE Addition NAME RUST, BENJAMIN D STREET ADDRESS 359 NORTH MONROE STREET CITY-ST-ZIP ST-ZIP TALLAHASSEE FL 32301 ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS \*DDDECC CITY-ST-ZIP ST ZIP ☐ Delete TITLE ☐ Change Addition .36 NAME ADDOUGS STREET ADDRESS ST-ZIP 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 like empowered.

PNATURE:

STATUTE UP THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

eria 4/25/0

0 850-4/0-7053 Daytime Phone #