## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # N95000002128 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name BEREAN ACADEMY, INC. 04-13-2000 90047 028 \*\*\*\*61.25 Principal Place of Business Mailing Address 10948 CENTRAL AVE N 10948 CENTRAL AVE N TAMPA FL 33612-6604 TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3321690 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID R. BRITTain Street Address (P.O. Box Number is Not Acceptable) NIGHTINGALE, JAMES A DI E KENNEDY Blud. 13916 CHERRY CREEK DRIVE **TAMPA FL 33616** Zip Code 8. The above named entity submits this statement hanging its registered office or registered agent, or both, in the state of Florida. DAUDR. BRITTAIN SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITI F ☐ Delete TITLE MEYERS, BRAD NAME NAME STREET ADDRESS STREET ADDRESS **475 LUCERNE AVE** CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33606 ☐ Addition TITLE TITLE VD Delete NAME NAME TROUTMAN, DAVID 475 Lucerne Ave STREET ADDRESS STREET ADDRESS 6021 HAMMOCK WOODS AVE CITY-ST-ZIP CITY-ST-7IP ODESSA FL 33556 ☐ Addition Change Delete TITLE TITLE TD NAME NAME troutman, David STREET ADDRESS 6021 HAMMOCK WOODS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change PD ☐ Addition TITLE SD ☐ Delete David R. Brittain + 2700 BRITTAIN, DAVID NAME TO WOR ET 33607 STREET ADDRESS STREET ADDRESS **468 LUCERNE AVENUE** CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33606 Change ☐ Delete TITLE Peter Sullivan Blud Ste 200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA F. 33609 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 (813