

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004114

1. Entity Name

VICTORY CHRISTIAN SCHOOL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90281 035 ****70.00

Principal Place of Business

Mailing Address

11330 SHERIDAN ST
PEMBROKE PINES FL 33026

11330 SHERIDAN ST
HOLLYWOOD FL 33026-1424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 ☐ Delete
NAME **PSTD FLETCHER, CLAUDETTE Y M.DIV**
STREET ADDRESS **11330 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33026**

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

TITLE ☐ Delete
NAME **C. BROWN, PASTOR DEVON**
STREET ADDRESS **11330 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33026**

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

TITLE ☐ Delete
NAME **D. BROWN, PATRICIA**
STREET ADDRESS **11330 SHERIDAN ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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

TITLE ☐ Delete
NAME **D. DONALDSON, JENNIFER**
STREET ADDRESS **7230 ORLEANS STREET**
CITY-ST-ZIP **MIRAMAR FL**

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

TITLE ☐ Delete
NAME **D. BARRY-AUSTIN, TRINITA**
STREET ADDRESS **3532 NW 194TH TERR.**
CITY-ST-ZIP **CAROL CITY FL**

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

TITLE ☐ Delete
NAME **D. HENRY, DORMAN**
STREET ADDRESS **11301 ROCKINGHORSE RD.**
CITY-ST-ZIP **COOPER CITY FL**

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: Devon Brown Devon Brown 4/27/2000 954-4367413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)