

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/3/00-90035-010-\$61.25-\$61.25

DOCUMENT # N96000004219

1. Entity Name

THE APPLE SCHOOL, INC.

FILED

00 MAR 30 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3425 NEW JERSEY ROAD  
LAKELAND FL 33803

3425 NEW JERSEY ROAD  
LAKELAND FL 33803-4225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3394736

Applied For

Not Applicable

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

TODD, DENNIS P  
4815 E. BUSCH BLVD.  
SUITE 208-B  
TAMPA FL 33817

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	DPS	<input type="checkbox"/> Delete
NAME	TODD, DENNIS P MD	
STREET ADDRESS	4815 E. BUSCH BLVD SUITE 208-B	
CITY-ST-ZIP	TAMPA FL 33817	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GITCHENS, STEVE	
STREET ADDRESS	1212 GEORGE JENKINS BLVD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAQUE, NANCY	
STREET ADDRESS	124 GRIFFIN AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEWITT, MICHELL	
STREET ADDRESS	1260 GOLFVIEW AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, CLYDE	
STREET ADDRESS	P.O. BOX 1543	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	O' SULLIVAN, RICHARD	
STREET ADDRESS	1099 DEMETREE DR	
CITY-ST-ZIP	LAKELAND FL 33811-2463	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Githens, Steve	
STREET ADDRESS	1212 George Jenkins Blvd	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Copeland, Nancy	
STREET ADDRESS	201 Fifi Palm Ln	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Githens, Michell	
STREET ADDRESS	5605 US Hwy 98 S	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

SIGNATURE REQUIRED: *Dennis P. Todd*

Date

Daytime Phone #

CR2E037 (9/99)