

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90008 038 \*\*\*\*61.25

**DOCUMENT # N96000004219**

1. Entity Name

**THE APPLE SCHOOL, INC.**

Principal Place of Business

**3425 NEW JERSEY ROAD  
 LAKELAND FL 33803**

Mailing Address

**3425 NEW JERSEY ROAD  
 LAKELAND FL 33803**

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

DO NOT WRITE IN THIS SPACE



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 33617**

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

*Dennis P. Todd*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-2-01**

**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** ☐ Delete  
 NAME **TODD, DENNIS P MD**  
 STREET ADDRESS **4815 E. BUSCH BLVD SUITE 208-B**  
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Mrs. Terri Hinder**  
 STREET ADDRESS **5120 Fernbrook Ln**  
 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **VTD** ☐ Delete  
 NAME **GITCHENS, STEVE**  
 STREET ADDRESS **1212 GEORGE JENKINS BLVD**  
 CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Dr. Robert Eanett**  
 STREET ADDRESS **1033 N Parkway Frontage Rd**  
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **D** ☒ Delete  
 NAME **COPELAND, NANCY**  
 STREET ADDRESS **201 FIJI PALM LANE**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **D** ☐ Delete  
 NAME **GITHENS, MITCHELL**  
 STREET ADDRESS **5605 US HIGHWAY 98 SOUTH**  
 CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE **D** ☐ Delete  
 NAME **GIBSON, CLYDE**  
 STREET ADDRESS **P.O. BOX 1543**  
 CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **D** ☐ Delete  
 NAME **O' SULLIVAN, RICHARD**  
 STREET ADDRESS **1099 DEMETREE DR**  
 CITY-ST-ZIP **LAKELAND FL 33811-2463**

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:

*SIGNATURE: RICHARD O' SULLIVAN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-2-01 813-695-8804**

CR2E037 (10/00)