

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90037 019 ****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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
STEVE GITHENS
1212 GEORGE JENKINS BLVD
LAKELAND, FL 33815 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
GITHENS, STEVE
1212 GEORGE JENKINS BLVD
LAKELAND FL 33815 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
O'Sullivan, Richard
3229 STONEWATER DR.
LAKELAND, FL 33803 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
EARNETT, ROBERT
1037 N. PARKWAY FRONTAGE RD
LAKELAND, FL 33813 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)