

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90373 014 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**GITHENS, STEVE
1212 GEORGE JENKINS BLVD
LAKELAND FL 33815**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, RICHARD	
STREET ADDRESS	3229 STOWEATER DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	GITHENS, STEVE	
STREET ADDRESS	1212 GEORGE JENKINS BLVD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	GITHENS, MITCHELL	
STREET ADDRESS	5605 US HIGHWAY 98 SOUTH	
CITY-ST-ZIP	LAKELAND FL 33803	
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	EANCRT, ROBERT	
STREET ADDRESS	1033 N PARKWAY FRONTAGE RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITHENS, STEVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4320 BREMAR AVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	125 EAST MAIN ST	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EANETT, ROBERT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINDER, TERRI	
STREET ADDRESS	3913 WINDCHIME LANE	
CITY-ST-ZIP	LAKELAND, FL 33811	

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:

Steve Githens **STEVE GITHENS** 4/30/03 (863) 688-7433

CR2E037 (10/02)

attachment

90120387

19000004219

Addition/Change to Officers/Directors

Title	D	<input type="checkbox"/> change	<input checked="" type="checkbox"/> Addition
Name	Mundy, Wayne		
Street Address	1050 Mariposa Av		
City-St-Zip	Bartow, FL 33830		