

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004584

1. Entity Name

INDEPENDENT CHRISTIAN ACADEMY PRIVATE SCHOOL SYS

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90880 043 ****70.00

Principal Place of Business

Mailing Address

705 DELESPINE AVENUE
ST AUGUSTINE FL 32095
US

P.O. BOX 4258
ST. AUGUSTINE FL 32085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2190895

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

SANZONE, PHYLLIS
705 DELESPINE AVENUE
ST AUGUSTINE FL 32095

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 D
STREET ADDRESS SANZONE, PHYLLIS
CITY - ST - ZIP 705 DELESPINE AVENUE
ST AUGUSTINE FL 32095

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS HARPER, CATHERINE
CITY - ST - ZIP 199 OWL CREEK RD.
ST AUGUSTINE FL 32092

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

TITLE ☐ Delete
NAME TDT
STREET ADDRESS LITTLE, JOYCE
CITY - ST - ZIP BOX 860351, STATE RD. 206
ST.AUGUSTINE FL 32086

☐ Change ☐ Addition
TITLE
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CITY - ST - ZIP

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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:

SANZONE, PHYLLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)