

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005406

1. Entity Name

PALMETTO CHRISTIAN SCHOOL, INC.

Principal Place of Business

1401 14TH AVENUE, W
PALMETTO FL 34221

Mailing Address

1401 14TH AVENUE, W
PALMETTO FL 34221

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 59-2770897

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

MATHEWS, TALMADGE L
1401 14TH AVENUE, W
PALMETTO FL 34221

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	PD	<input type="checkbox"/> Delete
NAME	MATHEWS, TALMADGE L	
STREET ADDRESS	1401 14TH AVENUE, W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATHEWS, RUTH F	
STREET ADDRESS	1401 14TH AVENUE, W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	BUSTLE, BRIAN	
STREET ADDRESS	1507 - 20TH AVE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARNOLD, THELMA	
STREET ADDRESS	6505 HWY 301 NORTH LOT B-10	
CITY-ST-ZIP	ELLENTON FL 34-2222	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESKELUND, ERIK	
STREET ADDRESS	4336 -14TH ST CIRCLE W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90155 008 ****61.25



DO NOT WRITE IN THIS SPACE

0061098

CR2E037 (9/01)

940 129-3800

SIGNATURE: Talmadge L Mathews 01/22/02