

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000335

1. Entity Name

EASTSIDE MULTICULTURAL COMMUNITY SCHOOL, INC.

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90004 035 \*\*\*\*61.25

Principal Place of Business

4701 EAST HANNA AVENUE  
TAMPA FL 33610

Mailing Address

4701 EAST HANNA AVENUE  
TAMPA FL 33610

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 **59-3456210**

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

GILMORE, RICARDO L  
ONE BARNETT PLAZA  
101 E KENNEDY BLVD SUITE 3200  
TAMPA FL 33601

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE **PD** ☐ Delete  
NAME **KENNEDY, ERNEST**  
STREET ADDRESS **10703 ARROWHEAD LAKE COURT**  
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **SD** ☐ Delete  
NAME **FRAZIER, HYCITO D**  
STREET ADDRESS **16162 GARDENDALE DR**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VD** ☐ Delete  
NAME **ELAM, DONNA**  
STREET ADDRESS **10703 ARROWHEAD LAKE COURT**  
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **BM** ☐ Delete  
NAME **BRYANT, DEXTER**  
STREET ADDRESS **3612 MCBERRY STREET**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **BM** ☐ Delete  
NAME **YOUNG, VICKIE**  
STREET ADDRESS **3801 EAST HANNA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

CR2E037 (5/01)