

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003146

1. Entity Name

INDEPENDENCE SCHOOL, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90131 031 ****61.25

Principal Place of Business
6329 SW 13TH ST
GAINESVILLE FL 32608
US

Mailing Address
P.O. BOX 494
NEWBERRY FL 32669-0494
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3450418
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CURRY, ROBERTA
4110 NW 35 STREET
GAINESVILLE FL 32605

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.

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
TITLE PD
NAME CURRY, ROBERTA
STREET ADDRESS 4110 NW 35TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605
TITLE VPD
NAME BUTLER, DOUGLAS
STREET ADDRESS 532 SE 5TH AVE
CITY-ST-ZIP MELROSE FL 32666
TITLE STD
NAME ROMAIN, TAMARA
STREET ADDRESS 215 NW 15TH STREET
CITY-ST-ZIP NEWBERRY FL 32669

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPO
Butler, Douglas
1706 SW 56th Lane
Gainesville, FL 32608
STD
Romaine, Tamara
15305 NW 5th Ave
Newberry, FL 32669

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: *Tamara Romaine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (352) 472-4921

Date Daytime Phone #

CR2E037 (9/99)