

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003254

1. Entity Name

RHEBA BOONE JOHNSON LAKESIDE ACADEMY CHRISTIAN E

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90039 002 \*\*\*\*70.00

Principal Place of Business

130 EAST 20TH STREET  
RIVIERA BEACH FL 33404

Mailing Address

130 EAST 20TH STREET  
RIVIERA BEACH FL 33404-5604

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1505523

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

JOHNSON, RHEBA B  
130 EAST 20TH STREET  
RIVIERA BEACH FL 33404

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	CEOD	<input type="checkbox"/> Delete
NAME	JOHNSON, RHEBA B	
STREET ADDRESS	1300 W 32ND ST	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	M	<input type="checkbox"/> Delete
NAME	GREEN, CORNELIUS	
STREET ADDRESS	430 W 25TH ST	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	M	<input type="checkbox"/> Delete
NAME	MOORE, BETTY	
STREET ADDRESS	4950 NW 11 PL	
CITY-ST-ZIP	LAUDERHILL FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	DORSEY, ROY	
STREET ADDRESS	105 4TH ST	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FILER, LILLIAN	
STREET ADDRESS	802 GREEN WOOD AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAHAM, LOUIS	
STREET ADDRESS	1471 FOLSOM RD	
CITY-ST-ZIP	LOXAHATCHEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

1-26-00 (561) 848-9042