

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90315 035 *****70.00

DOCUMENT # N97000003823

1. Entity Name

COMMUNITY CHRISTIAN ACADEMY OF BROWARD, INC.

Principal Place of Business

**901 NORTH HIATUS ROAD
 PLANTATION FL 33325**

Mailing Address

**901 NORTH HIATUS ROAD
 PLANTATION FL 33325**

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

65-0770652

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

**PARTRIDGE, ROBERT F
 901 NORTH HIATUS ROAD
 PLANTATION FL 33325**

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

Robert F. Partridge

Robert F. Partridge

4/24/01

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** ☐ Delete
 NAME **PARTRIDGE, ROBERT F**
 STREET ADDRESS **901 NORTH HIATUS ROAD**
 CITY-ST-ZIP **PLANTATION FL 33325**

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

TITLE **DV** ☐ Delete
 NAME **PARTRIDGE, FRANCES L**
 STREET ADDRESS **901 NORTH HIATUS ROAD**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE ☐ Change ☐ Addition
 NAME **Partridge, Frances** ☐ Change ☐ Addition
 STREET ADDRESS **(Spelling**
 CITY-ST-ZIP **correction**
of first name)

TITLE **SD** ☐ Delete
 NAME **PARTRIDGE, LUKE R**
 STREET ADDRESS **901 NORTH HIATUS ROAD**
 CITY-ST-ZIP **PLANTATION FL 33325**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
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 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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:

Robert F. Partridge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. PARTRIDGE
 Date

4/24/01
954-916-4448
 Daytime Phone #

CR2E037 (10/00)