

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90037 019 \*\*\*\*\*61.25

**DOCUMENT # N97000004688**

1. Entity Name

**HERITAGE CHRISTIAN SCHOOL CORPORATION**

Principal Place of Business

**891 COPLY ST SE  
PALM BAY FL 32909**

Mailing Address

**891 COPLY ST SE  
PALM BAY FL 32909**

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

**59-3436210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GROGAN, ELLEN M  
2435 GRASSMERE DR  
MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name **ERTZINGER, RENEE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1385 WHALING AVENUE SOUTHEAST**  
City **PALM BAY** FL Zip Code **32909**

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 Renee Erzinger **Renee Erzinger Administrator/Director 3-16-01**

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

TITLE **AD** ☒ Delete  
NAME **GROGAN, ELLEN M**  
STREET ADDRESS **2435 GRASSMERE DR**  
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **SD** ☐ Delete  
NAME **LALLIER, ELIZABETH**  
STREET ADDRESS **2026 SARNO RD**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **TD** ☒ Delete  
NAME **ERZINGER, ALAN**  
STREET ADDRESS **410 FREEMAN RD NW**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ADMINISTRATOR/DIRECTOR** ☐ Change ☒ Addition  
NAME **ERTZINGER, RENEE**  
STREET ADDRESS **1385 WHALING AVENUE SOUTHEAST**  
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **LALLIER, ELIZABETH M.**  
STREET ADDRESS **3020 YUKON COURT**  
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **T/D** ☐ Change ☒ Addition  
NAME **STAATS, MICHELE**  
STREET ADDRESS **2614 MELISSA COURT**  
CITY-ST-ZIP **MELBOURNE, FL 32934**

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

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

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: Elizabeth M. Lallier **ELIZABETH M. LALLIER** 3/16/2001 321-752-6573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)