

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000004711**

1. Entity Name

**COMMUNITIES IN SCHOOLS OF SANTA ROSA, INC.**

Principal Place of Business

Mailing Address

6408 HWY 90  
STE 5  
MILTON FL 32570-4572  
US6480 HWY 90  
STE 5  
MILTON FL 32570-4524  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	HILL, JIMMIE D.	531 SW ELVA	MILTON FL 32570	<input type="checkbox"/>
VD	MORGAN, JOHN D	311 FAIRPOINT DR	GULFBREEZE FL 32570	<input type="checkbox"/>
SD	MARKOPOULOS, WILLIAM P	601 ALABAMA ST	MILTON FL 32570	<input type="checkbox"/>
TD	VICKER, SAM	5247 STEWART ST	MILTON FL 32570	<input checked="" type="checkbox"/>
D	RUSSELL, BENNETT C	603 CANAL ST	MILTON FL 32570	<input checked="" type="checkbox"/>
D	SEGRAVES, JOEL R	8512 TWIN OAKS DR	PAGE FL 32571	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
TD	VICKERS, SAM	4065 NORRIS RD.	PAGE, FL 32571	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	RICHARD MANCINI	603 CANAL ST.	MILTON, FL 32570	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CAROL CALFEE	305 BERRYHILL RD.	MILTON, FL 32570	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PATRICIA MURPHY	6408 HWY 90, SUITE 4	MILTON, FL 32570	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	EUGENE OSMONDSON	5800 TANGLEWOOD DR.	MILTON, FL 32570-8207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DONALD SHAFER	5705 TAMARACK DR	PAGE, FL 32571	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

JOEL R. SEGRAVES  
EXECUTIVE DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90070 015 \*\*\*\*61.25

A0004000



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3461922-

Applied For

Not Applicable

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