

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90386 022 \*\*\*\*61.25

**DOCUMENT # N97000004711**

1. Entity Name

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

Principal Place of Business

6408 HWY 90  
 STE 5  
 MILTON FL 32570-4572  
 US

Mailing Address

6480 HWY 90  
 STE 5  
 MILTON FL 35270-4572  
 US

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

**59-3461922**

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

**SEGRAVES, JOEL R**  
**6408 HWY 90, STE 5**  
**MILTON FL 32570 - 4572**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** **CHANGE** ☐ Delete  
 NAME **HILL, JIMMIE D**  
 STREET ADDRESS **531 SW ELVA**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **CAROL CALFEE**  
 STREET ADDRESS **305 BERRYHILL ST.**  
 CITY-ST-ZIP **MILTON, FL 32570**

TITLE **VD** ☒ Delete  
 NAME **MORGAN, JOHN D**  
 STREET ADDRESS **311 FAIRPOINT DR.**  
 CITY-ST-ZIP **GULFBREEZE FL 32570**

TITLE **CD** ☒ Change ☐ Addition  
 NAME **PATRICIA R. MURPHY**  
 STREET ADDRESS **6408 HWY 90, STE 4**  
 CITY-ST-ZIP **MILTON, FL 32570**

TITLE **SD** **CHANGE** ☐ Delete  
 NAME **MARKOPOULOS, WILLIAM P**  
 STREET ADDRESS **601 ALABAMA ST**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JOHN W. ROGERS**  
 STREET ADDRESS **603 CANAL ST.**  
 CITY-ST-ZIP **MILTON, FL 32570**

TITLE **JD** **CHANGE** ☐ Delete  
 NAME **VICKERS, SAM**  
 STREET ADDRESS **4065 NORRIS RD**  
 CITY-ST-ZIP **PACE FL 32571**

TITLE **VCD** ☒ Change ☐ Addition  
 NAME **EUGENE OSMONDSON**  
 STREET ADDRESS **5800 TANGLEWOOD DR.**  
 CITY-ST-ZIP **MILTON, FL 32570-8207**

TITLE **D** ☒ Delete  
 NAME **MANCINI, RICHARD**  
 STREET ADDRESS **603 CANAL ST**  
 CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **D** ☐ Delete  
 NAME **SEGRAVES, JOEL R**  
 STREET ADDRESS **8512 TWIN OAKS DR**  
 CITY-ST-ZIP **PACE FL 32571**

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:

**SEGRAVES, JOEL R**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/01**

Date

**850-623-0332**

Daytime Phone #

CR2E037 (10/00)