

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90040 032 ****61.25

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
US

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

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 D
NAME HILL, JIMMIE D
STREET ADDRESS 531 SW ELVA
CITY-ST-ZIP MILTON FL 32570 ☒ Delete

TITLE C/O
NAME OSMONDSON, EUGENE L.
STREET ADDRESS 5800 TANGLEWOOD DR.
CITY-ST-ZIP MILTON, FL 32570-8207 ☐ Change ☒ Addition

TITLE CD
NAME MURPHY, PATRICIA R
STREET ADDRESS 6408 HWY-90 STE 4
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE V/O
NAME MURPHY, PATRICIA R.
STREET ADDRESS 6408 HWY 90, SUITE 4
CITY-ST-ZIP MILTON, FL 32570 ☒ Change ☐ Addition

TITLE D
NAME MARKOPOULOS, WILLIAM P
STREET ADDRESS 601 ALABAMA ST
CITY-ST-ZIP MILTON FL 32570 ☒ Delete

TITLE ST
NAME CALFEE, CAROL
STREET ADDRESS 6751 BERRYHILL ST
CITY-ST-ZIP MILTON, FL 32570 ☐ Change ☒ Addition

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

TITLE D
NAME HALL, WENDELL O.
STREET ADDRESS 5755 EAST MILTON RD.
CITY-ST-ZIP MILTON, FL 32583 ☐ Change ☒ Addition

TITLE D
NAME ROGERS, JOHN W
STREET ADDRESS 603 CANAL ST
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE D
NAME ROGERS, JOHN W.
STREET ADDRESS 5086 CANAL ST.
CITY-ST-ZIP MILTON, FL 32570-6706 ☒ Change ☐ Addition

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

TITLE D
NAME SEGRAVES, JOEL R.
STREET ADDRESS 5812 TWIN OAKS DR.
CITY-ST-ZIP PACE, FL 32571 ☒ 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)(l), 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 REQUIRED JOEL R. SEGRAVES 1/7/02 850-623-0332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)



Attachment
N97000004711
702369
Division of Corporations

Uniform Business Report

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Attachment

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Please enter additional business entities below.

Name and Title **SHAFER, DONALD, MR**

Address 1

Address 2 **5705 TAMARACK DR**

City, State Zip **PACE, FL 32571**

Name and Title **HALL, WENDELL O., MR**

Address 1

Address 2 **5755 EAST MILTON RD**

City, State Zip **MILTON, FL 32583**

Name and Title

Address 1

Address 2

City, State Zip

Name and Title

Address 1

Address 2

City, State Zip

Name and Title

Address 1

Address 2

City, State Zip

Name and Title

Address 1

Address 2