

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90041 036 ****61.25

DOCUMENT # N97000006049

1. Entity Name

THE CLASSICAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O MICHAEL HALL
 MACCLAY SCHOOL - 3737 NORTH MERIDIAN RD
 TALLAHASSEE FL 32312

C/O MICHAEL HALL
 MACCLAY SCHOOL - 3737 NORTH MERIDIAN RD
 TALLAHASSEE FL 32312

2. Principal Place of Business

2421 N 40 AVE 108

3. Mailing Address

2421 N 40 AVE 108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

59-3481405

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

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

6. Name and Address of Current Registered Agent

HALL, MICHAEL
 MACCLAY SCHOOL
 3737 NMERIDIAN RD
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name **DAVE FLETCHER**

Street Address (P.O. Box Number is Not Acceptable)
2421 N 40 AVE 108

City **HOLLYWOOD**

FL

Zip Code

33021

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.

DAVE C. FLETCHER

(NOTE: Registered Agent signature required when reinstating)

TREASURER

17 Apr. 00

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	D	<input type="checkbox"/> Delete
NAME	SHEBER, CAROL	
STREET ADDRESS	139 ROSE BRIAR DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32570	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MISHKIN, LINDA	
STREET ADDRESS	2924 63RD ST WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, MICHAEL P	
STREET ADDRESS	1121 MARION AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTANLEY, DONNA	
STREET ADDRESS	3013 JIM LEE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D Marie Girardeau	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	700 SEAGATE AVE	
STREET ADDRESS	NEPTUNE BEACH FL 32266	
CITY-ST-ZIP		
TITLE	T/P DAVE FLETCHER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2421 N 40 AVE 108	
STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE OF REGISTERED AGENT: DAVE C FLETCHER 17 Apr 00 305-899-346

CR2E037 (9/99)