

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90111 049 ****61.25

DOCUMENT # N97000006824

1. Entity Name

COMMUNITY HIGH SCHOOL OF NORTH TAMPA, INC.

Principal Place of Business

**3000 NATIONSBANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602**

Mailing Address

**3000 NATIONSBANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602-4300**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33602-4331**33602-4331**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLOMON, STANFORD R
3000 NATIONSBANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602**

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
D	FOX, ALLAN	13928 PEPPERRELL DR	TAMPA FL 33624	<input type="checkbox"/>
D	FELLER, KAREN	5012 BAROWE DRIVE	TAMPA FL 33624	<input checked="" type="checkbox"/>
D	HAGENAU, PAUL	2220 COLLIER PKWY	LAND O LAKES FL 34639	<input type="checkbox"/>
D	GENTNER, KATHY	12606 CASEY ROAD	TAMPA FL 33624	<input checked="" type="checkbox"/>
D	MORRIS, JUDY	18609 GERACI ROAD	LUTZ FL 33549	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

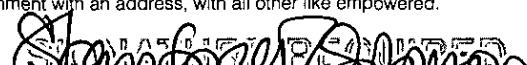
Addendum

11. ATTACHED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
P, D	Solomon, Stanford R.	3000 NationsBank Plaza	400 North Ashley Drive Tampa, FL 33602-4331	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, D	Wendle, Richard	2220 Collier Parkway	Land O'Lakes, FL 34639	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T, D	Bekhor, David	3505 Berger Road	Lutz, FL 33549	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S, D	Nepon-Sixt, Janice	4702 Roseberry Lane	Tampa, FL 33624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Kanter, Mary	Carrollwood Day School	19521 Michigan Avenue Odessa, FL 33556	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Greenstein, Johnathan, Ph.D.	Tampa Children's Hospital at St. Joseph's	4144 N. Armenia Avenue - Suite 375 Tampa, FL 33607	<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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2000

(813) 225-1818

Date

Daytime Phone #