

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90043 041 ****61.25

DOCUMENT # N97000006958

1. Entity Name

CRESTWELL HIGHER LEARNING PRIVATE SCHOOL, INC.

Principal Place of Business

Mailing Address

**8140 COLLEGE PARKWAY
 FORT MYERS FL 33919**

**8140 COLLEGE PARKWAY
 FORT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0799880

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUTTERFIELD, CINDY
 140 COLLEGE PARKWAY
 FORT MYERS FL 33919**

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

Cindy Butterfield

1-07-02

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 ☐ Delete
 NAME **D**
 BELLEW, JOHN
 STREET ADDRESS **5213 S W 10TH AVENUE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE ☐ Delete
 NAME **VP**
 ROMERO, CHRISTINE
 STREET ADDRESS **8140 COLLEGE PARKWAY**
 CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE ☐ Delete
 NAME **T**
 HURLOCK, JEAN
 STREET ADDRESS **8140 COLLEGE PARKWAY**
 CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE ☐ Delete
 NAME **D**
 BELLEW, MARCIA
 STREET ADDRESS **5213 S.W. 10TH AVENUE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Change ☐ Addition
 NAME **D**
 BELLEW, MARCIA
 STREET ADDRESS **11923 Island Ave**
 CITY-ST-ZIP **Matlacha FL. 33993**

TITLE ☐ Delete
 NAME **D**
 KHEMKHAJON, NOPADOL
 STREET ADDRESS **769 VINCA WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-02

Date

941-481-4478

Daytime Phone #

CR2E037 (9/01)