2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800000543

1. Entity Name

SIGNATURE:

THE CARING AND SHARING LEARNING SCHOOL, INC.

FILED May 19, 2002 8:00 am Secretary of State 05-19-2002 90233 046 ****70.00

Principal Place of Business Mailing Address									
3432 N.W. 52N GAINESVILLE F	= :	3432 N.W. 52ND AVE. GAINESVILLE FL 32605							
					1 (98)(18) 616 (8)6				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Cou	intry				5 Additional equired	
<u> </u>	6. Name and Address of Currer	t Registered Agent			7. Name and Addre	ss of New Register	d Agent		
į				Name					
เดยหลักม	JOHNSON, SIMON O			Street Address (P.O. Box Number is Not Acceptable)					
						·			
3432 N.W. 52ND AVE. GAINESVILLE FL 32605									
~ WITE OF I				City		F	Zip Code	e	
9 The above	named entity submits this statement.	for the purpose of changing it	e ranietar	ad office or regis	stered agent, or both, in th	· -			
المارية المارية		righten de letter betreet en ten lænne in	7; 3 8 :34			Commence of the Section of the Commence of the	and the contra	·	
SIGNATURE		and the if and the time	TE. On-!-1-	d Amont pignet and an	Visad whon reinstati>	DAT	<u> </u>	`	
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	a Agent signature requ	uired when reinstating)		<u> </u>		
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con					\$5.00 May Be Added to Fees Make Check Payable to Department of State				
40	OFFICERS AND D	PECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10	
TITLE	DC OFFICERS AND L	Delete	TITLE	:	ADDITIONS/CHANGES	TO OFFICERS AND	☐ Change	Addition	
NAME	JOHNSON, VERNA L			Ē					
STREET ADDRESS	3432 N.W. 52ND AVE.		STRE	ET ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY	-ST-ZIP					
TITLE	Т	☐ Delete	TITLE				Change	Addition Addition	
NAME	George, Eddie Sr.	4	NAM	•					
STREET ADDRESS	309 NW 4 ST			ET ADDRESS					
CITY-ST-ZIP	GANIESVILLE FL 32602		_	-ST-ZIP					
TITLE	AHORIE ANDDOM D	☐ Delete	TITLI	ı			Change	☐ Addition	
NAME STREET ADDRESS	MICKLE, ANDREW R 1635 SE 14TH AVE		NAM STRE	ET ADDRESS					
STREET ADDRESS	GAINESVILLE-FL 32641 -	raering new order 1 new owe t		-ST-ZIP	ء برن مستنيست منصوب	اي المجين معالمات المالية	س دی سسیو∙		
TITLE	T	☐ Delete	TITLE			•	☐ Change	Addition	
NAME	JACKSON, CHARLIE R	ப் பெடி	NAM						
STREET ADDRESS	2708 NW 170 ST		STRE	ET ADDRESS					
CITY-ST-ZIP	NEWBERRY FL 32669		CITY	-ST-ZIP					
TITLE	D □ Delete						☐ Change	☐ Adoition	
NAME	CHISHOLM, ELLIENIE		NAM						
STREET ADDRESS	3207 SE 29 BLVD.			ET ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL 32641			-ST-ZIP					
TITLE	D CHANGON CIMON O AOM	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	JOHNSON, SIMON O AOM		NAM Stre	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	3432 N.W. 52ND AVE.			-ST-ZIP					
	GAINESVILLE FL 32605	the state filling days and account of			Section 110 07(2)/() CI	da Statutas I funti	andifuther the :-	oformetice.	
 12. I hereby indicated 	certify that the information supplied w I on this report or supplemental report	ith this filing does not qualify for is true and accurate and that	or the exe my signa	mption stated in ture shall have th	i Section 119.07(3)(i), Flori he same legal effect as if r	aa Statutes. I further made under oath; tha	certify that the if t I am an officer	normation or director	
of the cor	poration or the receiver or trustee em, or on an attachment with an address	powered to execute this repor	rt as requi	red by Chapter (617, Florida Statutes; and	that my name appea	rs in Block 10 o	r Block 11 if	
Strainged	, _, _, , , , , , , , , , , , , , , , ,								