

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

0074288

DOCUMENT # N98000001588

1. Entity Name

FAMILY LIFE COMMUNITY SCHOOL, INC.

01-23-2001 90119 041 ****61.25

Principal Place of Business

Mailing Address

1616 59TH ST. W.
 BRADENTON FL 34209

1616 59TH ST. W.
 BRADENTON FL 34209

00008810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0822381**

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

HAMILTON, W. SCOTT ESQ.
2400 MANATEE AVE W
BRADENTON FL 34205

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 **P** Delete
 NAME **HAMILTON, W S ESQ**
 STREET ADDRESS ~~3007 23RD AVE W~~ **2400 MANATEE AVE. W.**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** Change Addition
 NAME **JEANNE HAMILTON**
 STREET ADDRESS **1616 59TH ST. W.**
 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **D** Delete
 NAME **WHALEY, BRUCE**
 STREET ADDRESS **5005 54TH ST W**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WHALEY, LISA**
 STREET ADDRESS **5005 54TH ST W**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **KOMAROV, LOU**
 STREET ADDRESS **3402 47TH AVE E**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KOMAROV, CHERIE**
 STREET ADDRESS **3402 47TH AVE E**
 CITY-ST-ZIP **BRADENTON FL 34203**

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]* **BRUCE WHALEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/11/2001** Daytime Phone # **888-792-7911**

CR2E037 (10/00)