

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004349

1. Entity Name

COMMUNITIES IN SCHOOLS OF ORANGE COUNTY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90257 039 ****61.25

Principal Place of Business

Mailing Address

6277 SEA HARBOR DR
 8TH FL
 ORLANDO FL 32887

6277 SEA HARBOR DR
 8TH FL
 ORLANDO FL 32887-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3557816

Applied For

Not Applicable

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

WILES, ELIZABETH
 6277 SEA HARBOR DR 8TH FL
 ORLANDO FL 32887

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	ED	<input type="checkbox"/> Delete
NAME	WILES, ELIZABETH	
STREET ADDRESS	6277 SEA HARBOR DR 8TH FL	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CHANCE, LABRON	
STREET ADDRESS	6277 SEA HARBOR DR 8TH FL	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE	IOC	<input type="checkbox"/> Delete
NAME	IOPPOLO, FRANK JR	
STREET ADDRESS	6277 SEA HARBOR DR 8TH FL	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUSTIAN, RUTH	
STREET ADDRESS	6277 SEA HARBOR DR 8TH FL	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, RON	
STREET ADDRESS	6277 SEA HARBOR DR 8TH FL	
CITY-ST-ZIP	ORLANDO FL 32887	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Frank Karwaski	
STREET ADDRESS	2424 Edgewater Drive	
CITY-ST-ZIP	Orlando, FL 32804	

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judge Theotis Bronson	
STREET ADDRESS	425 North Orange Avenue, Suite 1125	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	T	<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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 407
 345 4329

CR2E037 (9/99)