

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000004349****1. Entity Name**
COMMUNITIES IN SCHOOLS OF ORANGE COUNTY, INC.

Principal Place of Business	Mailing Address
6277 SEA HARBOR DR	6277 SEA HARBOR DR
8TH FL	8TH FL
ORLANDO FL	ORLANDO FL
32887	32887

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3557816	<input type="checkbox"/> Applied For
			<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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	04/11/2001
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Elizabeth Wiles ED/P 04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

LONNIE BELL/DIRECTOR
9333 S. JOHN YOUNG PKWY

32819

LAUREN PERKINS/DIRECTOR
4466 N. JOHN YOUNG PKWY

ORLANDO, FL 32804

CAPTAIN MIKE EASTON/DIRECTOR
2400 W. 33RD STREET

ORLANDO, FLORIDA 32839