

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005310

1. Entity Name

STEP BY STEP CHRISTIAN DAY SCHOOL, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90156 041 ****61.25

Principal Place of Business 7800 COLLEGE PARKWAY FT. MYERS FL 33907	Mailing Address 7800 COLLEGE PARKWAY FT. MYERS FL 33907
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 1411 SE 40 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CAPE CORAL, FLORIDA	
Zip	Country	Zip 33904-7933	Country USA

4. FEI Number 65-0866446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWN, DONALD C
1411 SE 40 STREET
CAPE CORAL FL 33904-7933

7. Name and Address of New Registered Agent

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 After September 13, 2000 min. will be \$236.25	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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ANTONE, ROBIN
STREET ADDRESS	1149 SW 47 TERR
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FORSLUND, LINDA
STREET ADDRESS	1415 SANTA BARBARA AVE
CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	DT <input type="checkbox"/> Delete
NAME	BROWN, D. COLIN
STREET ADDRESS	1411 SE 40 ST.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	DS <input type="checkbox"/> Delete
NAME	CARROLL, CARISSA
STREET ADDRESS	18328 LEE ROAD
CITY-ST-ZIP	FT. MYERS FL 33912
TITLE	DV <input type="checkbox"/> Delete
NAME	SPEARMAN, TOM
STREET ADDRESS	8542 S. LAKE CIR
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	DP <input type="checkbox"/> Delete
NAME	REED, MIKE D
STREET ADDRESS	849 SW 18 ST
CITY-ST-ZIP	CAPE CORAL FL 33991

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARP, MELINDA
STREET ADDRESS	4003 13TH STREET W
CITY-ST-ZIP	LEHIGH ACRES FL 33971
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARK
STREET ADDRESS	11711 TIMBERLINE CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33912
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: OSIGNATURE REQUIRED COLIN BROWN 7-17-00 941-945-3046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)