

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005310

1. Entity Name

STEP BY STEP CHRISTIAN DAY SCHOOL, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90294 026 ****61.25

Principal Place of Business

1411 SE 40 STREET
CAPE CORAL FL 33904-7933
US

Mailing Address

7800 COLLEGE PARKWAY
FT. MYERS FL 33907

2. Principal Place of Business

7800 COLLEGE PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

1411 SE 40TH STREET

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0866446

Applied For

Not Applicable

Zip

33907-5552

Country

USA

Zip

33904-7933

Country

USA

5. Certificate of Status Desired ☐

\$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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHARP, MELINDA	
STREET ADDRESS	4003 13TH STREET W	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARK	
STREET ADDRESS	11711 TIMBERLINE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
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		<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		
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: Donald C. Brown REQUIRED COLIN BROWN 1-23-01 941-945-3046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)