

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90085 039 *****61.25

DOCUMENT # N98000005310

1. Entity Name

STEP BY STEP CHRISTIAN DAY SCHOOL, INC.

Principal Place of Business

Mailing Address

**1411 SE 40TH STREET
 FORT MYERS FL 33907-5552
 US**

**1411 SE 40TH STREET
 CAPE CORAL FL 33904-7933**

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

65-0866446

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ Delete
 NAME **D SHARP, MELINDA**
 STREET ADDRESS **4003 13TH STREET W**
 CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☒ Change ☐ Addition
 NAME **DS**
 STREET ADDRESS **[REDACTED]**
 CITY-ST-ZIP **[REDACTED]**

TITLE ☒ Delete
 NAME **D SMITH, MARK**
 STREET ADDRESS **11711 TIMBERLINE CIRCLE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☒ Addition
 NAME **DT SCOTTY LYNN KELLY**
 STREET ADDRESS **17290 WHITEWATER COURT**
 CITY-ST-ZIP **FT MYERS BEACH, FL 33931**

TITLE ☐ Delete
 NAME **DT BROWN, D. COLIN**
 STREET ADDRESS **1411 SE 40 ST.**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
 NAME **DC**
 STREET ADDRESS **[REDACTED]**
 CITY-ST-ZIP **[REDACTED]**

TITLE ☒ Delete
 NAME **DS CARROLL, CARISSA**
 STREET ADDRESS **18328 LEE ROAD**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Change ☒ Addition
 NAME **D JULIE YATES**
 STREET ADDRESS **5551 MONTILLA DRIVE**
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
 NAME **DV SPEARMAN, TOM**
 STREET ADDRESS **8542 S. LAKE CIR**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ Change ☐ Addition
 NAME **[REDACTED]**
 STREET ADDRESS **[REDACTED]**
 CITY-ST-ZIP **[REDACTED]**

TITLE ☒ Delete
 NAME **DP REED, MIKE D**
 STREET ADDRESS **849 SW 18 ST**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Change ☒ Addition
 NAME **D JACK CONLEY**
 STREET ADDRESS **13651 CHINA BERRY WAY**
 CITY-ST-ZIP **FORT MYERS FL 33908**

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 #

Donald Colin Brown (DONALD COLIN BROWN) Jan. 21, 2002 94-945-3046

CR2E037 (9/01)