

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90093 024 ****61.25

DOCUMENT # N99000000230

1. Entity Name

MARTHA MANSON ACADEMY PARENT ORGANIZATION, INC.



Principal Place of Business

**7715 S.W. 14TH AVE.
GAINESVILLE FL 32607**

Mailing Address

**7715 S.W. 14TH AVE.
GAINESVILLE FL 32607**

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 **59-3564234**

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

**E
BEAUCHAMP, ROBERT
9631 NW 110TH CIRCLE
CHIEFLAND FL 32644**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GROOMS, JAMIE 6565 NW 81ST BLVD GAINESVILLE FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	VD BEAUCHAMP, CATHY 9631 NW 110TH CIR CHIEFLAND FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
<input type="checkbox"/> Delete	TD HOLLOWAY, CARRIE 9505 SW 50TH RD GAINESVILLE FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	CSD OSMUN, MARTHA 1503 NW 52ND TERR GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	PD SCOTT, JENNIFER BOX 140764 GAINESVILLE FL 32614	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	SD ELLIS, DENISE 3302 SW 93 WAY GAINESVILLE FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E037 (10/02)

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: *SCOTT, JENNIFER* **1/7/03**