

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90023 020 \*\*\*\*61.25

0046786

**DOCUMENT # N99000001239**

1. Entity Name

**SOUTHWEST CHRISTIAN ACADEMY, INC.**

Principal Place of Business

Mailing Address

**1100 SW 21ST STREET  
 FORT LAUDERDALE FL 33315**

**1100 SW 21ST STREET  
 FORT LAUDERDALE FL 33315**

2. Principal Place of Business

**1100 SW 21st street**

Suite, Apt. #, etc.

3. Mailing Address

**1100 SW 21st street**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

4. FEI Number

**65-0900383**

Applied For

Not Applicable

Zip

**33315**

Country

**United States**

Zip

**33315**

Country

**United States**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, DAVID REV.  
 1100 SW 21ST STREET  
 FORT LAUDERDALE FL 33315**

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 ☐ Delete  
 NAME **D GARCIA, DAVID**  
 STREET ADDRESS **1100 SW 21ST STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Delete  
 NAME **D AQUINO, EDGAR**  
 STREET ADDRESS **301 DELAWARE AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete  
 NAME **D DELGADILLO, MANUEL**  
 STREET ADDRESS **2340 NW 72ND AVE #103B**  
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: [Signature] REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-764-1855**

CR2E037 (10/00)