

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003029

1. Entity Name

OUR LADY OF VICTORY EDUCATIONAL FOUNDATION, INC.

LR

Principal Place of Business

9500 SW 1ST PLACE
GAINESVILLE FL 32607

Mailing Address

9500 SW 1ST PLACE
GAINESVILLE FL 32607

2. Principal Place of Business

9808 SW 54 Lane

3. Mailing Address

9808 SW 54 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-3576482

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32608

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, EMESE K
9500 SW 1ST PLACE
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name SHERYL J MONTROWL

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

9808 SW 54 LANE

City

GAINESVILLE

FL

Zip Code

32608

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

Sheryl J. Montrowl

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/7/2001

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
NAME CROOM, CINDY J
STREET ADDRESS 4300 NE 137 ST
CITY-ST-ZIP ANTHONY FL 32617 ☐ Delete

TITLE DPD
NAME BLANKENSHIP, EMESE K
STREET ADDRESS 9500 SW 1ST PL
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE DVP
NAME MONTROWL, SHERYL J
STREET ADDRESS 9808 SW 54 LANE
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE DT
NAME CRAWFORD, WANDA
STREET ADDRESS 3515 NW 29 TERR
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE DS
NAME ENGLERT, TAMMIE
STREET ADDRESS 125 NE 3RD ST
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☐ Addition

TITLE D
NAME 21199 Lake Rd
STREET ADDRESS Rocky River, OH
CITY-ST-ZIP 44116 ☒ Change ☐ Addition

TITLE D PD ☒ Change ☐ Addition

TITLE D S ☒ Change ☐ Addition

TITLE D VP ☒ Change ☐ Addition

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

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

6/7/2001 (352)335-2123

CR2E037 (10/00)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90009 028 ****61.25

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DO NOT WRITE IN THIS SPACE