

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000003070**

1. Entity Name

**THE PAL ACADEMY CHARTER SCHOOLS OF MANATEE COUNT**

Principal Place of Business

**202 13TH AVENUE EAST  
BRADENTON FL 34208**

Mailing Address

**202 13TH AVENUE EAST  
BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3597540**

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

**ROBINSON, LAYON  
442 OLD MAIN STREET  
BRADENTON FL 34205**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD PRESHA, WALTER P.O. BOX 106 PARRISH FL 34219		<input type="checkbox"/>			<input type="checkbox"/>
VD WITT, GENE 2302 8TH STREET W PALMETTO FL 34221		<input type="checkbox"/>			<input type="checkbox"/>
D MILLS, VIRGIL 3304 7TH ST CIR W PALMETTO FL 34221		<input type="checkbox"/>			<input type="checkbox"/>
TD ROBINSON, LAYON 442 OLD MAIN STREET BRADENTON FL 34205		<input type="checkbox"/>			<input type="checkbox"/>
D MILLER, JOE 312 69TH ST NW BRADENTON FL 34209		<input type="checkbox"/>			<input type="checkbox"/>
D WELLS, CHARLES 515 11TH STREET WEST BRADENTON FL 34205		<input type="checkbox"/>			<input type="checkbox"/>

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 #

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

02-21-2001 90025 013 \*\*\*\*61.25

**80016988**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)