

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003437

1. Entity Name

ROY MCBEAN CHARTER SCHOOL, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90009 020 ****70.00

Principal Place of Business

Mailing Address

1790 21ST STREET
SARASOTA FL 34234

~~1790 21ST STREET~~
~~SARASOTA FL 34234-0049~~

2. Principal Place of Business

3. Mailing Address

PO BOX 4068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34230 - USA -

4. FEI Number

65-0926708

Applied For

Not Applicable

5. Certificate of Status Desired

☒ B

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCBEAN, ROY
2097 WASATCH DRIVE
SARASOTA FL 34235

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	ROY MCBEAN	2097 WASATCH DR	SARASOTA, FL 34235		
V	ELLIOTT METCALFE	2071 RINGLING BLVD	SARASOTA, FL 34237		
S, T	ELLA WILLIAMS	3742 GLEN OAKS MANOR DR.	SARASOTA, FL 34232		
D	KERRY KIRSCHNER	PO BOX 49361	SARASOTA, FL 34230		
D	LOUIS ROBISON	3808 FISHING TRAIL	SARASOTA, FL 34235		
M	J. MACK REID	PO BOX 4068	SARASOTA, FL 34230		

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: J. MACK REID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-00 941-366-3911

Date

Daytime Phone #

CF-E037 (9/99)