

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003570

1. Entity Name

TRINITAS CHRISTIAN SCHOOL, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90009 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5335 TROTTER LANE  
MILTON FL 32570

5335 TROTTER LANE  
MILTON FL 32570-8109

2. Principal Place of Business

2885 EAST OLIVE Rd.

3. Mailing Address

2885 EAST OLIVE Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL.

Zip

32514

Country

USA

Zip

32514

Country

USA

4. FEI Number

59-3582200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POPE, RAY P  
4400 BAYOU BLVD., SUITE 54-B  
PENSACOLA FL 32503

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 D ☐ Delete  
NAME NOLAND, EDWARD A D.D.S.  
STREET ADDRESS 1719 NORTH 14TH AVENUE  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☐ Delete  
NAME CUMBERLAND, GARY M.D.  
STREET ADDRESS 3100 BRITTANY TRACE  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE D ☐ Delete  
NAME TROTTER, KENNETH V M.ED.  
STREET ADDRESS 5335 TROTTER LANE  
CITY-ST-ZIP MILTON FL 32570

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

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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: Kenneth V. Trotter 01/17/2000 850 473-9161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #