

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90009 037 ***558.75

DOCUMENT # P00000055716**1. Entity Name**
THE DAVE SCHOOL, INC.**Principal Place of Business**
1000 UNIVERSAL STUDIOS PLAZA
B22A SUITE 218
ORLANDO FL 32819**Mailing Address**
1000 UNIVERSAL STUDIOS PLAZA
B22A SUITE 218
ORLANDO FL 32819**2. Principal Place of Business****3. Mailing Address**
717 East Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Kissimmee, FL**4. FEI Number** **59-3650140**Applied For
Not Applicable

Zip Country

Zip Country
34744 USA**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****SCHEETZ, JEFFREY M**
7248 WOODVILLE CRESCENT
ORLANDO FL 32819**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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
NAME **PSTD SCHEETZ, JEFFERY M**
STREET ADDRESS **7248 WOODVILLE CRESCENT**
CITY-ST-ZIP **ORLANDO FL 32819****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:****Jeffery Schetz** **8-1-02** **407-224-3283**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)