

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06652

1. Entity Name

COMMUNITY VOCATIONAL SCHOOLS OF FLORIDA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90066 049 ***150.00

Principal Place of Business

Mailing Address

W. LAUREL ST

110

FL 33607

5215 W LAUREL ST

SUITE 110

TAMPA FL 33607-1728

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1298636

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

~~RODRIGUEZ, MANUEL G.~~

~~5215 W LAUREL ST~~

~~STE 110~~

~~TAMPA FL 33607~~

ROTH, PAULETTE S.
8380 BAYMEADOWS RD., SUITE 13
JACKSONVILLE, FL 32256

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

Paulette S. Roth

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GANS, JAMES	
STREET ADDRESS	12747 OLIVE BLVD. SUITE 214	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARD GANS	
STREET ADDRESS	12747 OLIVE BLVD., SUITE 214	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARK I. ROTHSTEIN	
STREET ADDRESS	12747 OLIVE BLVD, SUITE 214	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRITCHETT, CAROL M	
STREET ADDRESS	12747 OLIVE BLVD ST 214	
CITY-ST-ZIP	ST LOUIS MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Carol M. Pritchett, Sec.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)