

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10464

1. Entity Name

PAGE PRIVATE SCHOOL, INC.

Principal Place of Business

Mailing Address

657 VICTORIA STREET  
COSTA MESA CA 92627

PO BOX 10909  
COSTA MESA CA 92627-0909  
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

95-1831061

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

LUNA, CHARALINE V DR  
650 E. AIRPORT BLVD.  
SANFORD FL 32773

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 PD ☐ Delete  
NAME VAUGHAN, CHARLES  
STREET ADDRESS 657 VICTORIA ST.  
CITY-ST-ZIP COSTA MESA CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME VAUGHAN, CHARLES  
STREET ADDRESS 657 VICTORIA ST.  
CITY-ST-ZIP COSTA MESA CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME EVERSON, YVONNE  
STREET ADDRESS 133 S. PLYMOUTH BLVD.  
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HAMILTON, PATRICK  
STREET ADDRESS 1800 PORT ASHLEY  
CITY-ST-ZIP NEWPORT BEACH CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME POLLOCK, DANA  
STREET ADDRESS 506 E. SOUTH TEMPLE  
CITY-ST-ZIP SALT LAKE CITY UT

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME VAUGHAN, MICHELE F  
STREET ADDRESS 657 VICTORIA ST.  
CITY-ST-ZIP COSTA MESA CA

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 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 instrument with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90093 009 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE