

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90354 048 \*\*\*\*70.00

**DOCUMENT # P10464**

1. Entity Name

**PAGE PRIVATE SCHOOL, INC.**

Principal Place of Business

657 VICTORIA STREET  
 COSTA MESA CA 92627

Mailing Address

PO BOX 10909  
 COSTA MESA CA 92627  
 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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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

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

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

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

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

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

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

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

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

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

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

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

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:

*[Signature]*

7-8-02

949-515-1700

CR2E037 (4/02)