

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90115 024 ***158.75

DOCUMENT # P96000028628

1. Entity Name

CHRISTIAN ACADEMY II, INC.

Principal Place of Business

Mailing Address

6101 ORANGE DR
DAVIE FL 33314

6101 ORANGE DR
DAVIE FL 33314

2. Principal Place of Business

6590 SW 39th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Zip

Broward

Country

4. FEI Number

65-0631813

Applied For

Not Applicable

5. Certificate of Status Desired

28

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, SCOTT D
6101 ORANGE DR
DAVIE FL 33314

Name

Scott D. Miller

Street Address (P.O. Box Number is Not Acceptable)

6590 SW 39th St

City

Davie FL

FL

Zip Code

33328

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, 2001 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 PD
NAME MILLER, SCOTT D
STREET ADDRESS 6101 ORANGE DR 6590 SW 39th St
CITY-ST-ZIP DAVIE FL 33314 DAVIE FL 33328

☐ Delete

TITLE VST
NAME MILLER, GERILYN M
STREET ADDRESS 6101 ORANGE DR 6590 SW 39th St
CITY-ST-ZIP DAVIE FL 33314 DAVIE FL 33328

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☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-01 (954) 791-7260

CR2E034 (10/00)