

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099986

1. Entity Name  
SCHOOLS WITH A MISSION, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90037 010 \*\*\*150.00

80032291



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P O BOX 290622  
TAMPA FL 33687-0622

P O BOX 290622  
TAMPA FL 33687-0622

2. Principal Place of Business  
5746 Beech Street

3. Mailing Address  
5746 Beech Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Zephyrhills, FL

City & State  
Zephyrhills, FL

4. FEI Number 59-3544992

Applied For  
Not Applicable

Zip Country  
33540 USA

Zip Country  
33540 USA

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

MORRIS, PATRICK G  
1266 LADY MARION LANE  
DUNEDIN FL 34698

Name Patrick G. Morris

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

5746 Beech Street

City Zephyrhills FL Zip Code 33540

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 Patrick G. Morris, VP

*Patrick G. Morris*

2-24-2000

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, 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	MORRIS, HARRY N.	
STREET ADDRESS	5422 RIVERHILLS DR.	
CITY-ST-ZIP	TEMPLE TERR. FL 32687	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MORRIS, PATRICK G	
STREET ADDRESS	1266 LADY MARLON LN.	
CITY-ST-ZIP	DUNEDIN FL 34698	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry N. Morris	X
STREET ADDRESS	5422 Riverhills Dr.	
CITY-ST-ZIP	Temple Terrace, FL 32687	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick G. Morris	
STREET ADDRESS	5746 Beech Street	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Morris	
STREET ADDRESS	5746 Beech Street	
CITY-ST-ZIP	Zephyrhills, FL 33540	
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:

Patrick G. Morris, VP

2-24-00 813-782-3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)