2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000054191**

1. Entity Name
ARIEL CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
3829 HWY 273 GRACEVILLE FL 32440	P.O. BOX 433 GRACEVILLE FL 324400433

2. Principal Place of Business	3. Mailing Address
4039 SONG DRIVE	4039 SONG DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. JOHN FL	City & State: PORT ST. JOHN FL
Zip: 32927 Country:	Zip: 32927 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0929630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRICE WILLIAM A
3829 HWY 273

GRACEVILLE FL
32440 US

7. Name and Address of New Registered Agent

Name
GRICE WILLIAM A

Street Address (P.O. Box Number is Not Acceptable)
4039 SONG DRIVE

City: PORT ST. JOHN **FL** Zip Code: 32927

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 _____ **04/18/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEBERT A.H. JR. P.O. BOX 577 HAYES LA 706460577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBBINS AUBREY C 3410 REDMOND ROAD DOTHAN AL 363031135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRICE WILLIAM A 3829 HWY 273 GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRICE WILLIAM A 4039 SONG DRIVE PORT ST. JOHN FL 32927	☒ Change ☐ Addition
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CR2E034 (11/00)

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: William A. Grice D 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #