

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28771

1. Entity Name

LIMESTONE PRIVATE SCHOOL, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90017 017 \*\*\*550.00

Principal Place of Business

11924 FOREST HILL BLVD  
 SUITE #22-297  
 WELLINGTON FL 33414  
 US

Mailing Address

11924 FOREST HILL BLVD  
 SUITE #22-297  
 WELLINGTON FL 33414  
 US

2. Principal Place of Business

3. Mailing Address

3775 LYONS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

4. FEI Number 65-0336934

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33467

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

SARRIA, JORGE  
 11924 FOREST HILL BLVD  
 SUITE #22-297  
 WELLINGTON FL 33414

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 NAME SARRIA, JORGE  
 STREET ADDRESS 11924 FOREST HILL BLVD, STE #22-297  
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE  
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Sarria 9.8.00 561-704-1644

Date

Daytime Phone #