

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90276 018 ****61.25

DOCUMENT # N40698

1. Entity Name

SEMINOLE HIGH SCHOOL COMMUNITY AND STUDENT ACTIO

Principal Place of Business

Mailing Address

770 BANANA LAKE RD
 LAKE MARY FL 32746
 US

770 BANANA LAKE RD
 LAKE MARY FL 32746
 US

00051483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3014412

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIGGINS, WILLIAM M.
 2420 SOUTH BAY AVENUE
 SANFORD FL 32771

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

**FILE NOW:
 FEE IS \$61.25**

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	D	<input type="checkbox"/> Delete
NAME	HIGGINS, WILLIAM M	
STREET ADDRESS	2420 SOUTH BAY AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WELLS, TOBY	
STREET ADDRESS	P.O. BOX 1334 N/A	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SPRINGFIELD, JANICE R	
STREET ADDRESS	770 BANANA LAKE RD	
CITY-ST-ZIP	LAKE MARY FL	
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	ADDRESS CHANGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higgins, William M	
STREET ADDRESS	1270 EDWIN BLVD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
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		
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		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

407-833-2447

Daytime Phone #

CR2E037 (10/00)