

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 07, 2000 8:00 a
Secretary of State**

02-07-2000 90073 039 ***150.00

DOCUMENT # G86846

1. Entity Name

OAK ARBOR CHRISTIAN SCHOOL & CHILD CARE, INC.

Principal Place of Business

Mailing Address

1902 LONGWOOD-LAKE MARY ROAD
LONGWOOD FL 32750

1902 LONGWOOD-LAKE MARY ROAD
LONGWOOD FL 32750-4619

A0018562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2391867

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANGLE, MELINDA
109 MOUND ST.
LONGWOOD FL 32750**

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 \$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
Added to**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE Delete
NAME **PST PANGLE, MELINDA S**
STREET ADDRESS **109 MOUND ST.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VS HODLUK, TOINYA P**
STREET ADDRESS **631 HOLBROOK CIRCLE**
CITY-ST-ZIP **LAKE MARY FL**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S MAZLARZ, KATHLEEN**
STREET ADDRESS **203 FLAMINGO DRIVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melinda Pangle **Melinda Pangle** 1-14-00 407-331-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #