

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 743568**

1. Entity Name

**HAMPDEN DUBOSE ACADEMY, INC.**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90092 041 \*\*\*\*61.25

Principal Place of Business 5400 SADLER AVE. P.O. BOX 639 ZELLWOOD FL 32798	Mailing Address 5400 SADLER AVE. P.O. BOX 639 ZELLWOOD FL 32798-0639
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>n/c</i>	3. Mailing Address <i>n/c</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1031571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUBOSE, GEORGE  
 826 E. 10TH ST  
 APOPKA FL 32703

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*1566 Country Court*  
 City  
*Apopka FL 32703 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 *George H Dubose* DATE *5/3/00*

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	LOGUE, WILLIAM	
STREET ADDRESS	3206 ARDSLEY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAPMAN, RONALD	
STREET ADDRESS	P O BOX 664	
CITY-ST-ZIP	PLYMOUTH FL 32768	
TITLE	SDTD	<input type="checkbox"/> Delete
NAME	DUBOSE, GEORGE H	
STREET ADDRESS	826 EAST 10TH ST	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	WONDERLY, SCOTT	
STREET ADDRESS	4712 JAMERSON PL	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIPPY, THEODORE DR	
STREET ADDRESS	22904 COUNTY ROAD 561	
CITY-ST-ZIP	ASTATULA FL 34705	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELOON, WALT N	
STREET ADDRESS	CORRECTCRAFT/6100 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32809	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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: *George H Dubose* DATE *5/3/00* DAYTIME PHONE # *407-880-4321*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)