

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90117 040 ****61.25

DOCUMENT # 743568



1. Entity Name
HAMPDEN DUBOSE ACADEMY, INC.

4000J603



CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1031571** Applied For
Not Applicable

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

DUBOSE, GEORGE
1566 COUNTRY COURT
APOPKA FL 32703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: _____ Date: **1/7/03** Daytime Phone #: **407 8804321**

CR2E037 (10/02)