

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2000 08:00 AM
Secretary of State

DOCUMENT # N11228

1. Entity Name

HOLY CROSS ACADEMY, INC.

Principal Place of Business

Mailing Address

12425 SUNSET DRIVE

12425 SUNSET DRIVE

MIAMI
33183

FL

MIAMI
33183

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2670744

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

WENDT FRANK G
12425 SUNSET DRIVE

MIAMI FL
33183 US

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.)

02/15/2000

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 VD ☐ Delete
NAME BLONSKY JOSEPH
STREET ADDRESS 7345 SW 122 ST
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NOELS ANTHONIA
STREET ADDRESS EINDHOVEN 5632
CITY-ST-ZIP AZ NETHERLAND

TITLE D ☒ Change ☐ Addition
NAME NOELS ANTHONIA
STREET ADDRESS TWEELINGENLAAN 60 EINDHOVEN 56302
CITY-ST-ZIP AZ NETHERLANDS

TITLE STDV ☐ Delete
NAME GIBAUT JAMES A
STREET ADDRESS 12425 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL

TITLE VSTD ☒ Change ☐ Addition
NAME GIBAUT JAMES A
STREET ADDRESS 12425 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ Delete
NAME WENDT FRANK G
STREET ADDRESS 12425 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.