

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42502

1. Entity Name

BUENA VISTA ACADEMY, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90147 016 ****70.00

Principal Place of Business Mailing Address
10601 PARK RIDGE-GOTHA RD 10601 PARK RIDGE GOTHA RD
WINDERMERE FL 34786 WINDERMERE FL 34786-7918
US US

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 59-3051351 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

BULLOCK, JAY
1375 BUENA VISTA DRIVE, 4N
LAKE BUENA VISTA FL 32830

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP OBERLE, VALERIE 13038 WATERPOINT BLVD WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WESTWOOD, AMY 13349 LAKE BUTLER BLVD WINTER GARDEN FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY JR, JOHN 1741 WOODY DR WINDERMERE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STAFFORD, REBECCA 1355 KESLO BLVD ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STREIT, DAVID M 9114 GALLEON DR ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, STERNE 7981 ST ANDREWS CR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fischer, Michele <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8713 Kenmare Cr. Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Head, George <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3726 Lake Buynak Rd. Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harcourt, Jennifer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1719 Westover Rd Windermere, FL 34786

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

C-2E037 (3/99)