

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90036 023 ****61.25

DOCUMENT # N42502

1. Entity Name

BUENA VISTA ACADEMY, INC.

Principal Place of Business

10601 PARK RIDGE-GOTHA RD
WINDERMERE FL 34786
US

Mailing Address

10601 PARK RIDGE GOTHA RD
WINDERMERE FL 34786
US

926078



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3051351

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

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

Name: Frank Wolff
Street Address (P.O. Box Number is Not Acceptable): 135 W. Central Blvd.
Suite 700
City: Orlando FL Zip Code: 32801

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 Frank M. Wolff

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

2-26-01

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	DP	<input type="checkbox"/> Delete
NAME	OBERLE, VALERIE	
STREET ADDRESS	13038 WATERPOINT BLVD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WESTWOOD, AMY	
STREET ADDRESS	13349 LAKE BUTLER BLVD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, MICHELE	
STREET ADDRESS	8713 KENMURE CR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HEAD, GEORGE	
STREET ADDRESS	3726 LAKE BUYNACK RD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	STREIT, DAVID M	
STREET ADDRESS	9114 GALLEON DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARCOURT, JENNIFER	
STREET ADDRESS	1719 WESTOVER RESERVE	
CITY-ST-ZIP	WINDERMERE FL 34786	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clodfelter, Manley	
STREET ADDRESS	P.O. Box 95	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ross, Janet	
STREET ADDRESS	5922 Tarawood Dr	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	Director & Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fischer, Michele	
STREET ADDRESS	8713 Kenmure Cr	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Head, S. Piper	
STREET ADDRESS	3726 Lake Buynack Rd.	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swanson, Glenn	
STREET ADDRESS	11651 Nellie Oaks Bend	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quamime, Chip	
STREET ADDRESS	10446 Quarm Glen Court	
CITY-ST-ZIP	Orlando, FL 32836	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)