

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

0000565

**DOCUMENT # N96000004129**  
1. Entity Name  
**MATANZAS ACADEMY PRIVATE SCHOOL SYSTEM, INC.**



APPROVED  
AND  
FILED

03 OCT 24 PM 4:06

Principal Place of Business  
**3643 FT PEYTON CIR  
ST AUGUSTINE FL 32086**

Mailing Address  
**3643 FT PEYTON CIR  
ST AUGUSTINE FL 32086**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 2003**

2. Principal Place of Business  
**3375 US 1 South**

3. Mailing Address  
**P.O. Box 8610 39**

City & State  
**St. Augustine FL**

City & State  
**St. Augustine, FL**

Zip  
**32086**

Country  
**USA**

4. FEI Number **59-3413561**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEWE, REBECCA S  
3643 FT PEYTON CIR  
ST AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent  
Name **Rebecca S Leewe**  
Street Address (P.O. Box Number is Not Acceptable)  
**4056 Pine Run Cr.**  
**St. Augustine, FL 32086**  
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 **Rebecca S Leewe, Rebecca S Leewe** **9/27/03**  
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**  
**After September 10, 2003, min will be \$236.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEWE, ROBECCA S</b> <input type="checkbox"/> Delete <b>567 CANAL RD - 4056 Pine Run Cr.</b> <b>PONTE VEDRA BEACH FL 32082 - St. Augustine, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>LEEWE, JAMES F</b> <input type="checkbox"/> Delete <b>3643 FT PEYTON CIR</b> <b>ST AUGUSTINE FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>DORE, FRANCIS</b> <input type="checkbox"/> Delete <b>3608 FT PEYTON CIR</b> <b>ST AUGUSTINE FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input type="checkbox"/> Delete <b>LINDA E GAY</b> <b>567 Canal Rd</b> <b>Ponte Vedra Beach, FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rebecca S. Leewe</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4056 Pine Run Cr.</b> <b>St. Augustine, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>leewe, James F</b> <b>4056 Pine Run Circle</b> <b>St. Augustine, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100023491071</b> <b>10/02/03--01004--028 **175.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board member - Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Linda E GAY DVT</b> <b>567 Canal Rd</b> <b>Ponte Vedra Beach, FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board member - Financial Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tammy Harris</b> <b>3606 Ft. Peyton Cr</b> <b>St. Augustine, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400024090154</b> <b>10/24/03--01051--001 **61.25</b>

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: **Rebecca S Leewe** **9/27/03** **904-794-1623**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)