

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90077 002 \*\*\*\*61.25

**DOCUMENT # N98000003597**

1. Entity Name

**MCKEEL ACADEMY OF TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

1810 W. PARKER ST.  
 LAKELAND FL 33815

1810 W. PARKER ST.  
 LAKELAND FL 33815-1243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0854467**

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

**MAREADY, HAROLD**  
**1810 W. PARKER ST.**  
**LAKELAND FL 33815**

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)

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	CD	<input type="checkbox"/> Delete
NAME	MCKEEL, SETH	
STREET ADDRESS	2000 E. EDGEWOOD DRIVE, SUITE 214	
CITY-ST-ZIP	LAKELAND FL 33803-3648	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAREADY, HAROLD	
STREET ADDRESS	1810 W. PARKER STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRICE, JULIE	
STREET ADDRESS	1810 W. PARKER STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	T.	<input type="checkbox"/> Delete
NAME	WEST, DEBI W	
STREET ADDRESS	1810 W. PARK STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARLOWE, FAITH	
STREET ADDRESS	6641 EAST NEWMAN CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAM, REBECCA	
STREET ADDRESS	5339 GLENMORE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33811	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marjorie Hensler	
STREET ADDRESS	1085 Buttercup	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Hughes	
STREET ADDRESS	535 W. Palm Dr.	
CITY-ST-ZIP	Lakeland, FL 33813	
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:

~~SIGNATURE REQUIRED~~  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

863-499-2818

Date

Daytime Phone #

CR2E037 (9/99)