

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90819 001 ***317.50

DOCUMENT # P99000034528

1. Entity Name
AMERICAN VILLAGE ACADEMY OF LONGWOOD, INC.

Principal Place of Business 905 LONGWOOD HILLS ROAD LONGWOOD FL 32750	Mailing Address 905 LONGWOOD HILLS ROAD LONGWOOD FL 32750-2847
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7620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-357364		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country USA	Zip	Country USA				

6. Name and Address of Current Registered Agent DANZIG-MILLER, HEIDI 905 LONGWOOD HILLS ROAD LONGWOOD FL 32750				7. Name and Address of New Registered Agent Name: Bob A. Varma, CPA Street Address (P.O. Box Number is Not Acceptable): 610 Crown Oak Centre Dr. City: Longwood FL Zip Code: 32750			
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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: _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT NAME: HEIDI DANZIG MILLER STREET ADDRESS: 9043 TOWER PINE DR. CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: HEIDI DANZIG MILLER STREET ADDRESS: 9043 TOWER PINE DR. CITY-ST-ZIP: WINTER GARDEN FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP, S, T NAME: DARLENE A. DANZIG STREET ADDRESS: 1850 ELDERADO CT CITY-ST-ZIP: ST CLOUD, FL 34771	<input type="checkbox"/> Delete	TITLE: VP, S, T NAME: DARLENE A. DANZIG STREET ADDRESS: 1850 ELDERADO CT. CITY-ST-ZIP: ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input 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"/> 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"/> 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"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **3/28/2000** DAYTIME PHONE #: **4073393144**

CR2E034 (9/99)