

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459015

1. Entity Name

SOUTHEASTERN ACADEMY, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90039 046 \*\*\*150.00

Principal Place of Business

Mailing Address

233 ACADEMY DRIVE  
P.O. BOX 421768  
KISSIMMEE FL 34742-1768  
US

233 ACADEMY DRIVE  
P.O. BOX 421768  
KISSIMMEE FL 34742-1768  
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 23-1935910

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEOPLES, DAVID L.  
233 ACADEMY DRIVE  
KISSIMMEE FL 34744-5669

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	PEOPLES, DAVID L.	NAME	
STREET ADDRESS	233 ACADEMY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	PEOPLES, PAUL T	NAME	
STREET ADDRESS	233 ACADEMY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 00000	CITY-ST-ZIP	
TITLE	VPST	TITLE	
NAME	PEOPLES, KEITH D	NAME	
STREET ADDRESS	233 ACADEMY DR	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	PEOPLES, ANNE W.	NAME	
STREET ADDRESS	233 ACADEMY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

407-847-4444

Daytime Phone #

CR2E034 (9/99)