

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 459015**

1. Entity Name  
**SOUTHEASTERN ACADEMY, INC.**

Principal Place of Business  
233 ACADEMY DRIVE  
P.O. BOX 421768  
KISSIMMEE FL 347421768 US

Mailing Address  
233 ACADEMY DRIVE  
P.O. BOX 421768  
KISSIMMEE FL 347421768 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**

**PEOPLES, DAVID L.**  
233 ACADEMY DRIVE  
  
**KISSIMMEE FL**  
347445669

**7. Name and Address of New Registered Agent**

Name  
**PEOPLES DAVID L**  
Street Address (P.O. Box Number is Not Acceptable)  
**233 ACADEMY DRIVE**  
  
City  
**KISSIMMEE FL** Zip Code  
**347445669**

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 **DAVID L PEOPLES**

**04/26/2001**

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, 2001 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**

TITLE AS ☒ Delete  
NAME **PEOPLES ANNE W.**  
STREET ADDRESS **233 ACADEMY DRIVE**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE VPST ☐ Delete  
NAME **PEOPLES KEITH D**  
STREET ADDRESS **233 ACADEMY DR**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE AS ☐ Delete  
NAME **PEOPLES, PAUL T**  
STREET ADDRESS **233 ACADEMY DRIVE**  
CITY-ST-ZIP **KISSIMMEE, FL 00000**

TITLE PD ☐ Delete  
NAME **PEOPLES, DAVID L.**  
STREET ADDRESS **233 ACADEMY DRIVE**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/S ☒ Change ☐ Addition  
NAME **PEOPLES ANNE W**  
STREET ADDRESS **233 ACADEMY DR**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE AS/V ☒ Change ☐ Addition  
NAME **PEOPLES PAUL T**  
STREET ADDRESS **233 ACADEMY DRIVE**  
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE PD/T ☒ Change ☐ Addition  
NAME **PEOPLES DAVID L**  
STREET ADDRESS **233 ACADEMY DRIVE**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: David L Peoples**

**PD/T 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)