

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 505562**1. Entity Name  
ACADEMY HOUSING, INC.

## Principal Place of Business

233 ACADEMY DRIVE  
P.O. BOX 421768  
KISSIMMEE  
347421768

FL

US

## Mailing Address

233 ACADEMY DRIVE  
P.O. BOX 421768  
KISSIMMEE  
347421768

FL

US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-1674926

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 DRIVEKISSIMMEE  
34744

FL

## 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  
34744

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

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

TITLE AS ☒ Delete  
NAME PEOPLES ANNE W.  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPST ☐ Delete  
NAME PEOPLES D KEITH  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE FLTITLE V/S ☒ Change ☐ Addition  
NAME PEOPLES ANNE W  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34744TITLE PSD ☐ Delete  
NAME PEOPLES, DAVID L  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE, FLORIDA 00000TITLE PDT ☒ Change ☐ Addition  
NAME PEOPLES DAVID L  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34744TITLE AS ☐ Delete  
NAME PEOPLES, PAUL T  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE, FL 00000TITLE AS/V ☒ Change ☐ Addition  
NAME PEOPLES PAUL T  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34744TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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**

PDT

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)