

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704956

1. Entity Name

HOLY TRINITY EPISCOPAL ACADEMY, INC.

Principal Place of Business  
50 WEST STRAWBRIDGE AVE  
MELBOURNE FL 32901

Mailing Address  
50 WEST STRAWBRIDGE AVE  
MELBOURNE FL 32901-4438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, CATHERINE A  
50 WEST STRAWBRIDGE AVE.  
MELBOURNE FL 32901

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 C ☐ Delete  
NAME WILLIFORD, JOY  
STREET ADDRESS 2285 HARLOCK RD.  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE T ☐ Change ☒ Addition  
NAME Hopkins, John  
STREET ADDRESS 7970 Timberlake Drive  
CITY-ST-ZIP W. Melbourne, FL 32904

TITLE T ☒ Delete  
NAME FLAVIN, THOMAS  
STREET ADDRESS 1790 HWY A1A #206  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE S ☐ Change ☒ Addition  
NAME Hamilton, Patti  
STREET ADDRESS 303 Sunset Boulevard  
CITY-ST-ZIP Melbourne Beach, FL 32951

TITLE D ☒ Delete  
NAME WALTER, EDITH  
STREET ADDRESS 850 GREENWOOD MANOR CR  
CITY-ST-ZIP WEST MELBOURNE FL

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

TITLE D ☐ Delete  
NAME GEOGHEGAN, TIMOTHY  
STREET ADDRESS 208 LANTERNBACK ISLAND DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE S ☐ Delete  
NAME RONALDSON, JERI  
STREET ADDRESS 410 RIVERSIDE DR  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1-17-2000

(321) 723-8323

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)