

FILED
Jul 17, 2001 8:00 am
Secretary of State

06-28-2001 90001 017 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757837

1. Entity Name

THE ACADEMY OF THE PALM BEACHES, INC.

Principal Place of Business

1901 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

Mailing Address

1901 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2106026**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

TITLE **PT** ☒ Delete
 NAME **LOVETT, DEAN**
 STREET ADDRESS **124 CLARKE AVENUE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **ST.** ☒ Delete
 NAME **JAYNES, NIKKI MARROW**
 STREET ADDRESS **242 CORTEZ ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PT.** ☐ Delete
 NAME **LEONE, KATHY**
 STREET ADDRESS **1 S COUNTY RD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **Ainslie, Michael VPC Trustee** ☐ Delete
 NAME **415 Seaspray Ave.**
 STREET ADDRESS **Palm Beach, Fl. 33480**
 CITY-ST-ZIP **Vice President**

TITLE **Secretary/Treasurer** ☐ Delete
 NAME **Paddock, Anne S-T**
 STREET ADDRESS **7920 Flagler Court**
 CITY-ST-ZIP **West Palm Beach, Fl. 33405**

TITLE **TRUSTEE** ☐ Delete
 NAME **7920 Flagler Court**
 STREET ADDRESS **West Palm Beach, Fl. 33405**
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)