

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757837

FILED
Sep 11, 2003
Secretary of State

Entity Name: THE ACADEMY OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2106026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORROW, NIKKI
1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LEONE, KATHY
Address: 1 S COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: VPT () Delete
Name: AINSELIE, MICHAEL
Address: 415 SEASPRAY AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: STT () Delete
Name: LEBRUN, BARBARA
Address: 2207 SUMMIT BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT-T (X) Change () Addition
Name: LEONE, PAUL
Address: 1 S COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: PT (X) Change () Addition
Name: AINSLIE, MICHAEL
Address: 415 SEASPRAY AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Change () Addition
Name: POOLE, MICHELLE
Address: 4200 STATE ROAD 7
City-St-Zip: LAKE WORTH, FL 33467

Title: STT () Change (X) Addition
Name: MURPHY, LISA
Address: 116 DESOTA ROAD
City-St-Zip: WEST PALM BEACH, FL 33405P

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LEONE

PT-T

09/11/2003

Electronic Signature of Signing Officer or Director

Date