

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73728

1. Entity Name

SEFFNER HILLS ACADEMY, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 006 ***550.00

Principal Place of Business

5417 KENNEDY HILLS DR
SEFFNER FL 33584-3467
US

Mailing Address

5417 KENNEDY HILLS DR
SEFFNER FL 33584-3467
US

2. Principal Place of Business

12420 Telecom Dr

Suite, Apt. #, etc.

3. Mailing Address

12420 Telecom Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Temple Terrace FL

City & State

Temple Terrace FL

4. FEI Number

59-2181277

Applied For

Not Applicable

Zip

Country

33637-0911

US

Zip

Country

33637-0911

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, ROBERT FRANCIS
5417 KENNEDY HILLS DRIVE
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name Castellano, Sandra L

Street Address (P.O. Box Number is Not Acceptable)

12420 Telecom Dr

City

Temple Terrace

FL

Zip Code

33637-0911

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

Sandra L Castellano Sandra Castellano Pres. 8/16/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	STD	<input type="checkbox"/> Delete
NAME	CASTELLANO, SANDRA L	
STREET ADDRESS	5417 KENNEDY HILLS DR	
CITY-ST-ZIP	SEFFNER, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASTELLANO, ROBERT	
STREET ADDRESS	5417 KENNEDY HILLS DR.	
CITY-ST-ZIP	SEFFNER, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12420 Telecom Dr	
CITY-ST-ZIP	Temple Terrace, FL 33637-0911	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra L Castellano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00

Date

(813) 979-0002

Daytime Phone #

CR2E034 (5/00)