

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
 03-24-2000 90089 048 ***150.00

DOCUMENT # H10483

1. Entity Name

THE ACADEMY AT DAVIE INC.

Principal Place of Business

Mailing Address

0370 SW 48TH CT
 DAVIE FL 33325
 US

9720 PINES BLVD.
 PEMBROKE PINES FL 33024-6228
 US

2. Principal Place of Business

4850 N. Pine Island Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FLA

City & State

DAVIE FLA

Zip

33328

Country

Broward

Zip

33328

Country

US

4. FEI Number

59-2503097

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

KAUFMAN, NINA

848 RIVERSIDE DR
 CORAL SPRINGS FL 33701

Name

Nina Kaufman

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

4850 N. Pine Island Rd

City

DAVIE

FL

Zip Code

33328

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

Nina Kaufman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/2000

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, 2000 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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 PTS
 KAUFMAN, NINA
 848 RIVERSIDE DR
 CORAL SPRINGS FL 33701 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 Nina Kaufman
 2735 Avenue Du Soleil
 Bumpstead FL 33483 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 VP
 KAUFMAN, DAVID
 11705 TERRA BELLA BLVD
 PLANTATION FL 33325 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
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TITLE
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 CITY - ST - ZIP
☐ Delete

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

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 life empowered.

SIGNATURE:

Nina Kaufman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/2000

Daytime Phone #

954/1494-2722

CR2E034 (9/99)