

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001382

1. Entity Name

RE-BIRTH ACADEMY, INC.

Principal Place of Business

1924 COMANCHE AVE
TAMPA FL 33610

Mailing Address

1924 COMANCHE AVE
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3625829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, ZACHERY
1924 COMANCHE AVE
TAMPA FL 33610

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 C ☐ Delete
NAME HUDSON, ZACHERY
STREET ADDRESS 1924 COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE VC ☐ Delete
NAME AUSTIN, DEBORAH
STREET ADDRESS 1924 COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE S ☐ Delete
NAME WILDS, ANN
STREET ADDRESS 1924 COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE T ☐ Delete
NAME REDDICK, FRANK
STREET ADDRESS 1924 COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

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

TITLE Director ☐ Change ☒ Addition
NAME BARRY MORRIS
STREET ADDRESS 4205 E. Fowler Avenue
CITY-ST-ZIP TAMPA, FL 33620

TITLE Director ☐ Change ☒ Addition
NAME WILLIAMS JR. K.C.
STREET ADDRESS 1924 E. Comanche Ave.
CITY-ST-ZIP TAMPA, FL 33610

TITLE Director ☐ Change ☒ Addition
NAME SHARON MOORE
STREET ADDRESS 3411 N. 49th St
CITY-ST-ZIP TAMPA, FL 33605

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:

Zachery Hudson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

Date

(813) 238-8911

Daytime Phone #

A0023434



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)