

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003643

1. Entity Name

KENTERBIE ACADEMY, INC.

Principal Place of Business

752 BLANDING BOULEVARD
BUILDING A, SUITE 1
ORANGE PARK FL 32065

Mailing Address

752 BLANDING BOULEVARD
BUILDING A, SUITE 1
ORANGE PARK FL 32065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MOODY, KENSWORTH O
1509 WINSTON LANE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name Michael Boswell, Esq.
Street Address 533 Seabreeze Blvd, Suite 300
City Daytona Bch FL 32118

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, if not applicable, (Name of the entity)

(Name of the entity)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, KENSWORTH O 1509 WINSTON LANE ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Boswell D 533 Seabreeze Blvd Suite 300 Daytona Bch FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, TERESA 6121 COLLINS ROAD, #44 JACKSONVILLE FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONKST, DEBRA A 9861 HAVENWOOD COURT JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Michael Boswell, Esq.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90328 038 ****61.25



DO NOT WRITE IN THIS SPACE

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4/14/01

904-682-8111