2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State DOCUMENT # **N00000003643** Entity Name KENTERBIE ACADEMY, INC. 02-20-2002 90132 028 ****61.25 incipal Place of Business Mailing Address **BLANDING BOULEVARD** 752 BLANDING BOULEVARD ILDING A. SUITE 1 BUILDING A. SUITE 1 RANGE PARK FL 32065 ORANGE PARK FL 32065 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-365 188 1 Not Applicable Zip Zip Country Country: \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOSEWELL, MICHAEL ESQ 533 SEABREEZE BLVD.,STE 300 DAYTONA BEACH FL 32118 Zip Code 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. IGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. LE. ☐ Delete TITLE Change ☐ Addition **BOSWELL, MICHAEL** ME NAME 533 SEABREEZE BVLD. SUITE 3000 REET ADDRESS STREET ADDRESS TY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP ÎLE TITLE Delete ☐ Addition HERNANDEZ, TERESA ME. NAME 6121 COLLINS BOAD. #44 STREET ADDRESS REET ADDRESS JACKSONVILLE FL 32244 TY-ST-ZIP CITY-ST-ZIP n İLΕ TIT1 F ☐ Delete ONKST, DEBRA A ME NAME HAVENWOOD Ct REET ADDRESS 9861 HAVENWOOD COURT STREET ADDRESS 3225 Y-ST-ZIP Jacksonville FL 32257 CITY-ST-7IP Jacksonville EL ĹE Change ☐ Addition ☐ Delete TITLE ME NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE ☐ Delete Change ☐ Addition ME NAME REET ADDRESS STREET ADDRESS İY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition ΜE NAME

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.

CITY-ST-ZIP

STREET ADDRESS

REET ADDRESS

Y-ST-ZIP