

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90169 009 ****61.25

DOCUMENT # N00000004421

1. Entity Name

HALE ACADEMY, INC.



Principal Place of Business

**500 NW 27TH AVE.
OCALA FL 34475**

Mailing Address

**500 NW 27TH AVE.
OCALA FL 34475**

2. Principal Place of Business

3443 SW 20th Street

Suite, Apt. #, etc.

3. Mailing Address

500 NW 27th Avenue

Suite, Apt. #, etc.

City & State

Ocala, FL 34474

City & State

Ocala, FL 34475

Zip

Country

Zip

Country

4. FEI Number **59-3664852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CONE, DOUGLAS P JR.
500 NW 27TH AVE.
OCALA FL 34475**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/6/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CONE, DOUGLAS P JR.**
CITY-ST-ZIP **500 NW 27TH AVE.
OCALA FL 34475**

TITLE ☐ Change ☒ Addition
NAME **John Penn**
STREET ADDRESS **6960 SW 73rd Street**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **VILLELLA, PETER**
CITY-ST-ZIP **500 NW 27TH AVE
OCALA FL 34475**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Paul Truesdell**
CITY-ST-ZIP **20721 W. Pennsylvania Avenue
Dunnellon, FL 34431**

TITLE ☒ Delete
NAME **TRUS**
STREET ADDRESS **MAXWELL, RYAN**
CITY-ST-ZIP **500 NW 27TH AVE
OCALA FL 34475**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Michael Paglia**
CITY-ST-ZIP **2033 Twin Bridge Court
Ocala, FL 34471**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **Diane Trexler**
CITY-ST-ZIP **10179 S. Magnolia Avenue
Ocala, FL 34476**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Mike Morris**
CITY-ST-ZIP **2390 Laurel Run Drive
Ocala, FL 34471**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **Mike Morris**
CITY-ST-ZIP **2390 Laurel Run Drive
Ocala, FL 34471**

TITLE ☐ Change ☐ Addition
NAME **T**
STREET ADDRESS **Mike Morris**
CITY-ST-ZIP **2390 Laurel Run Drive
Ocala, FL 34471**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **Mike Morris**
CITY-ST-ZIP **2390 Laurel Run Drive
Ocala, FL 34471**

TITLE ☐ Change ☐ Addition
NAME **T**
STREET ADDRESS **Mike Morris**
CITY-ST-ZIP **2390 Laurel Run Drive
Ocala, FL 34471**

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

Douglas P. Cone, Jr.

Douglas P. Cone, Jr.

1/6/03

352-732-4111

CR2E037 (10/02)