

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005689

FILED
Sep 02, 2002
Secretary of State

Entity Name: WATERFORD ACADEMY, INCORPORATED

Current Principal Place of Business:

7687 S.W. 103RD LOOP
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

7687 S.W. 103RD LOOP
OCALA, FL 34476

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARIS, CATHERINE
7687 S.W. 103RD LOOP
OCALA, FL 34476

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARIS, CATHERINE
Address: 7687 S.W. 103RD LOOP
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: PARIS, PHYLLIS
Address: 3977 SEDGEWICK AVE.
City-St-Zip: BRONX, NY 10463

Title: D () Delete
Name: PARIS, PATRICK
Address: 3977 SEDGEWICK AVE.
City-St-Zip: BRONX, NY 10463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE PARIS

D

09/02/2002

Electronic Signature of Signing Officer or Director

_____ Date