

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90094 005 *****61.25

DOCUMENT # N00000008064

1. Entity Name

SACRED HEART ACADEMY, INC.

Principal Place of Business

Mailing Address

4400DEERWOOD CT
BONITA SPRINGS FL 34134

4400DEERWOOD CT
BONITA SPRINGS FL 34134

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

65-1065518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME FERRERO, MARNIE
STREET ADDRESS 817 101ST AVE N
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE D
NAME SMITH, PATRICK
STREET ADDRESS 4400DEERWOOD CT
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE D
NAME ANDERSON, DANIEL
STREET ADDRESS 691 21ST ST NW
CITY-ST-ZIP NAPLES FL 34120 ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME DAVID J. CORCORAN
STREET ADDRESS 51 BERKSHIRE STREET
CITY-ST-ZIP SWAMPSCOTT, MA 01907 ☐ Change ☒ Addition

TITLE D, C, P, T
NAME PATRICK S. SMITH
STREET ADDRESS 4400 DEERWOOD COURT
CITY-ST-ZIP BONITA SPRINGS, FL 34134 ☒ Change ☐ Addition

TITLE D, V, P, S
NAME DANIEL ANDERSON
STREET ADDRESS 691 21ST ST, NW
CITY-ST-ZIP NAPLES, FL 34120 ☒ Change ☐ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 495-9092

APRIL 7, 2001

0001501

CR2E037 (10/00)