

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90363 036 \*\*\*\*61.25

**DOCUMENT # N01000004869**

1. Entity Name

**HOLLY OAKS ACADEMY, INC.**

Principal Place of Business <b>2065 HOLLY OAKS RIVER DR JACKSONVILLE FL 32225</b>	Mailing Address <b>2065 HOLLY OAKS RIVER DR JACKSONVILLE FL 32225</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3735928</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCIULLO, MARK V**  
**2065 HOLLY OAKS RIVER DR**  
**JACKSONVILLE FL 32225**

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.

SIGNATURE *Mark V. Scullo* **MARK V. Scullo** **3/18/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE: <b>President</b> <input type="checkbox"/> Delete NAME: <b>Jody L Scullo</b> STREET ADDRESS: <b>2065 Holly Oaks River Dr</b> CITY-ST-ZIP: <b>Jacksonville, FL 32225</b> <b>D</b>	TITLE: <b>Vice President</b> <input type="checkbox"/> Delete NAME: <b>Karen Curbelo</b> STREET ADDRESS: <b>4443 Whispering Inlet</b> CITY-ST-ZIP: <b>Jacksonville, FL 32277</b> <b>D</b>
TITLE: <b>Secretary</b> <input type="checkbox"/> Delete NAME: <b>Mark V. Scullo</b> STREET ADDRESS: <b>2065 Holly Oaks River Dr</b> CITY-ST-ZIP: <b>Jacksonville, FL 32225</b> <b>D</b>	TITLE: <b>Treasurer</b> <input type="checkbox"/> Delete NAME: <b>Jose O. Curbelo</b> STREET ADDRESS: <b>4443 Whispering Inlet Dr</b> CITY-ST-ZIP: <b>Jacksonville, FL 32277</b> <b>D</b>
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

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: *Karen Curbelo* **Karen Curbelo** **3/18/02** **(904) 233-8685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)