

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

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90184 013 ****61.25

DOCUMENT # *NO1000005558*

1. Entity Name

Castle Oak Academy, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 Flamingo Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 426
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-1130981

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

33435

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Donald E. Costantino

Street Address (P.O. Box Number is Not Acceptable)

155 Flamingo Dr

City

Boynton Beach

FL

Zip Code

33435

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

Donald E. Costantino

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

(NOTE: Registered Agent signature required when reinstating)

6-20-2002

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE	Chairman
NAME	<i>Donald E. Costantino</i>
STREET ADDRESS	<i>155 Flamingo Dr</i>
CITY-ST-ZIP	<i>Boynton Beach, FL 33435</i>
TITLE	Vice Chair / Sect.
NAME	<i>Evelyn Geathers</i>
STREET ADDRESS	<i>165 Flamingo Dr</i>
CITY-ST-ZIP	<i>Boynton Beach, FL 33435</i>
TITLE	Director
NAME	<i>Cory Costantino</i>
STREET ADDRESS	<i>155 Flamingo Dr</i>
CITY-ST-ZIP	<i>Boynton Beach, FL 33435</i>
TITLE	Managing Director / Treasurer
NAME	<i>Michelle Costantino</i>
STREET ADDRESS	<i>155 Flamingo Dr</i>
CITY-ST-ZIP	<i>Boynton Beach, FL 33435</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald E. Costantino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-2002

Date

561-547-5531

Daytime Phone #

CR2E037B (12/01)