

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90187 043 *****61.25

DOCUMENT # NO1000005558

1. Entity Name

CASTLE OAK ACADEMY, INC.



Principal Place of Business

**155 FLAMINGO DR
BOYNTON BCH FL 33435
US**

Mailing Address

**P.O. BOX 426
BOYTON BCH FL 33425
US**

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 65-1130981

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

**COSTANTINO, DONALD E
155 FLAMINGO DR
BOYNTON BCH FL 33435**

Name

Michele Costantino

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

155 Flamingo Drive

City

Boynton Bch

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

SIGNATURE

Michele Costantino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

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: C
NAME: COSTANTINO, DONALD
STREET ADDRESS: 155 FLAMINGO DR
CITY-ST-ZIP: BOYNTON BCH FL 33435

☐ Delete

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

☐ Change

☐ Addition

TITLE: VCS
NAME: GEATHERS, EVELYN
STREET ADDRESS: 155 FLAMINGO DR
CITY-ST-ZIP: BOYNTON BCH FL 33435

☐ Delete

TITLE: VC
NAME: Geathers, Evelyn
STREET ADDRESS: 155 Flamingo Dr
CITY-ST-ZIP: Boynton Bch, FL 33435

☒ Change

☐ Addition

TITLE: D
NAME: COSTANTINO, COREY
STREET ADDRESS: 155 FLAMINGO DRIVE
CITY-ST-ZIP: BOYNTON BCH FL 33435

☐ Delete

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

☐ Change

☐ Addition

TITLE: DVC
NAME: MARTIS, SUSANNA
STREET ADDRESS: 3915 SAPPHIRE PALLADIUM DR
CITY-ST-ZIP: BOYNTON BCH FL 33436

☒ Delete

TITLE: D
NAME: Roberta Berman
STREET ADDRESS: 155 Flamingo Dr
CITY-ST-ZIP: Boynton Bch, FL 33435

☐ Change

☒ Addition

TITLE: MDT
NAME: COSTANTINO, MICHELE
STREET ADDRESS: 155 FLAMINGO DRIVE
CITY-ST-ZIP: BOYNTON BEACH FL 33435

☐ Delete

TITLE: Sec/Trea
NAME: Michele Costantino
STREET ADDRESS: 155 Flamingo Dr
CITY-ST-ZIP: Boynton Bch, FL 33435

☒ Change

☐ Addition

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

☐ Delete

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:

Michele Costantino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

561-547-5531

Daytime Phone #

CR2E037 (10/02)