

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90114 018 *****61.25

DOCUMENT # N02000003708

1. Entity Name

ACADEMY AT THE FARM FOUNDATION, INC.



Principal Place of Business

**9633 HANDCART RD.
DADE CITY FL 33525**

Mailing Address

**9633 HANDCART RD.
DADE CITY FL 33525**

2. Principal Place of Business

9633 Handcart Rd

3. Mailing Address

9633 Handcart Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0557830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEWLON, JONATHAN
37947 PASCO AVE.
DADE CITY FL 33525**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ANDREWS, CAROLYN**
STREET ADDRESS **4012 CIRCLEWOOD DR.**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Delete
NAME **BOLENDER, SHAUN**
STREET ADDRESS **31404 REED RD.**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **D** ☐ Delete
NAME **BROWN, KERRY**
STREET ADDRESS **8080 56TH ST. N.**
CITY-ST-ZIP **TEMPLE TERRACE FL 33523**

TITLE **D** ☐ Delete
NAME **CERRA, CHELI**
STREET ADDRESS **9320 NW 50TH DORAL CIR. N.**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ Delete
NAME **GRAHAM, BILL**
STREET ADDRESS **1203 KENILWORTH**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **LANGE, SUSAN**
STREET ADDRESS **9155 HIGHLAND RIDGE**
CITY-ST-ZIP **TAMPA FL 33647**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **THOMAS W. LANGE** **2-18-03 352-588-4633**

CR2E037 (10/02)