

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34348

1. Entity Name

THE ACADEMY AT OCEAN REEF, INC.

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90095 017 \*\*\*\*61.25

801684



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2 DOCKSIDE LN KEY LARGO FL 33037 US	2 DOCKSIDE LN. KEY LARGO FL 33037-5256 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	65-0146241	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ECUYER, ROBERT E  
2 DOCKSIDE LN  
OCEAN REEF CLUB  
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name	Sandra Merrill
Street Address (P.O. Box Number is Not Acceptable)	2 Dockside Lane
City	Ocean Reef Club
City	Key Largo
FL	Zip Code 33037

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00  
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

## OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELTON, TOM	
STREET ADDRESS	10 GRAYVIL	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STAMPS, PENELOPE	
STREET ADDRESS	7 OSPREY LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLANAGAN, THOMAS	
STREET ADDRESS	45 SPADEFISH LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DICKE, JANET	
STREET ADDRESS	50 CARD SOUND ROAD	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FURNEAUX, PATTI	
STREET ADDRESS	42 SOUTH BRIDGE LANE	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENT, VINCENT	
STREET ADDRESS	102 ANDROS RD	
CITY-ST-ZIP	KEY LARGO FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Past President Exe. Council	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belton, Tom	
STREET ADDRESS	10 Grayvik	
CITY-ST-ZIP	North Key Largo, FL 33037	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stamps, Penelope	
STREET ADDRESS	07 Osprey Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dicke, Janet	
STREET ADDRESS	50 Card Sound Road	
CITY-ST-ZIP	North Key Largo, FL 33037	
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		

CR2E037 (9/99)

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.