

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90002 050 \*\*\*\*61.25

**DOCUMENT # N34348**

1. Entity Name

**THE ACADEMY AT OCEAN REEF, INC.**

Principal Place of Business

Mailing Address

**2 DOCKSIDE LN  
 KEY LARGO FL 33037  
 US**

**2 DOCKSIDE LN.  
 KEY LARGO FL 33037  
 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 ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, SANDRA  
 2 DOCKSIDE LN  
 OCEAN REEF CLUB  
 KEY LARGO, FL 33037**

(delete)

Name **Raymond Bailey**

Street Address (P.O. Box Number is Not Acceptable)  
**2 Dockside Lane**

**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

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

(NOTE: Registered Agent signature required when reinstating)

**07/13/01**  
 DATE

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME **PPEC**  
 STREET ADDRESS **BELTON, TOM**  
 CITY-ST-ZIP **10 GRAYVIL  
 NORTH KEY LARGO FL 33037** ☐ Delete

TITLE  
 NAME **S**  
 STREET ADDRESS **STAMPS, PENELOPE**  
 CITY-ST-ZIP **7 OSPREY LANE  
 KEY LARGO FL 33037** ☒ Delete

TITLE  
 NAME **VPD**  
 STREET ADDRESS **FLANAGAN, THOMAS**  
 CITY-ST-ZIP **45 SPADEFISH LANE  
 KEY LARGO FL 33037** ☐ Delete

TITLE  
 NAME **P**  
 STREET ADDRESS **DICKE, JANET**  
 CITY-ST-ZIP **50 CARD SOUND ROAD  
 NORTH KEY LARGO FL 33037** ☐ Delete

TITLE  
 NAME **TD**  
 STREET ADDRESS **FURNEAUX, PATTI**  
 CITY-ST-ZIP **42 SOUTH BRIDGE LANE  
 NORTH KEY LARGO FL 33037** ☐ Delete

TITLE  
 NAME **D**  
 STREET ADDRESS **KENT, VINCENT**  
 CITY-ST-ZIP **102 ANDROS RD  
 KEY LARGO FL 33037** ☐ Delete

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

TITLE  
 NAME **Secretary**  
 STREET ADDRESS **Cathy Post**  
 CITY-ST-ZIP **3036 Sanctuary Terrace  
 Key Largo, FL 33037** ☐ Change ☒ Addition

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

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

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

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

**SIGNATURE REQUIRED**

**July 13, 2001**

CR2E037 (5/01)