

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34665

1. Entity Name

WILFORD WOODRUFF ACADEMY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90092 001 ****61.25

Principal Place of Business

Mailing Address

717 EAST ALTAMONTE DRIVE
SUITE A-B
ALTAMONTE SPRINGS FL 32701
US

717 EAST ALTAMONTE DRIVE
SUITE A-B
ALTAMONTE SPRINGS FL 32701-5112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE A-B

Suite, Apt. #, etc.

SUITE A-B

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SULLIVAN, G. MICHAEL
1878 MATTERHORN DR
ORLANDO FL 32818

Name

JUNE WOODRUFF SULLIVAN

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

ONE CENTER BLVD, BLDG 516, SUITE 101

ALTAMONTE SPRINGS,

City

FL

Zip Code

32701

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

June Woodruff Sullivan

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

(NOTE: Registered Agent signature required when reinstating)

1/26/2000

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SULLIVAN, JUNE L W
STREET ADDRESS ONE CENTER BLVD,
CITY-ST-ZIP 1878 MATTERHORN DR BLDG. 516, SUITE 101
ORLANDO FL ALTAMONTE SPRINGS 32701

TITLE STD ☐ Delete
NAME SULLIVAN, G MICHAEL ADDRESS CHANGE
STREET ADDRESS 1878 MATTERHORN DR SAME AS ABOVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME MUNCK, GAIL
STREET ADDRESS 106 MARGO LANE
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete
NAME EVANS, WILLIAM
STREET ADDRESS 4156 WESTGATE ROAD
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete
NAME PITTS, KENNETH
STREET ADDRESS 8014 GROVEMONT ESTATE ROAD
CITY-ST-ZIP GROVELAND FL 34736

TITLE D ☒ Delete
NAME LEWIS, ELIZABETH
STREET ADDRESS 8676 A.D. MIMS RD
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME NANCY RUSSELL
STREET ADDRESS 4936 TUSKABAY COURT
CITY-ST-ZIP WINTER SPRINGS, FL. 32708

TITLE ☐ Change ☒ Addition
NAME COLLEEN EVANS
STREET ADDRESS 4156 WESTGATE RD
CITY-ST-ZIP ORLANDO, FL. 32808

TITLE ☐ Change ☐ Addition
NAME JACKIE PITTS
STREET ADDRESS 8014 GROVEMONT ESTATE RD.
CITY-ST-ZIP GROVELAND, FL. 34736

TITLE ☐ Change ☒ Addition
NAME SCOTT SATLER
STREET ADDRESS 2441 MILLS CREEK RD.
CITY-ST-ZIP CHULUOTA, FL. 32766

TITLE ☐ Change ☒ Addition
NAME SUZI SATLER (2 T's)
STREET ADDRESS 2441 MILLS CREEK RD
CITY-ST-ZIP CHULUOTA, FL. 32766

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:

June Woodruff Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 (407) 265-0377

Date

Daytime Phone #

CR2E037 (9/99)