

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90317 037 ****70.00

DOCUMENT # N34665

1. Entity Name

WILFORD WOODRUFF ACADEMY, INC.

Principal Place of Business

Mailing Address

717 EAST ALTAMONTE DRIVE
 SUITE A
 ALTAMONTE SPRINGS FL 32701
 US

717 EAST ALTAMONTE DRIVE
 SUITE A
 ALTAMONTE SPRINGS FL 32701
 US

2. Principal Place of Business

584 Palm Springs Dr.
 Suite, Apt. #, etc.

3. Mailing Address

584 Palm Springs Dr.
 Suite, Apt. #, etc.

City & State

Altamonte Springs, FL.

Zip
32701

Country
U.S.

City & State

Altamonte Springs, FL.

Zip
32701

Country
U.S.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, G. MICHAEL

1878 MATTERHORN DR — SEE NEW ADDRESS
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name **Sullivan, G. Michael**

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

516 One Center Blvd. #101

City **Altamonte Springs, FL.**

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

G. Michael Sullivan / **G. MICHAEL SULLIVAN 2-28-01**
 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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, JUNE L W	
STREET ADDRESS	1878 MATTERHORN DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SULLIVAN, G MICHAEL	
STREET ADDRESS	1878 MATTERHORN DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNCK, GAIL	
STREET ADDRESS	106 MARGO LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, WILLIAM	
STREET ADDRESS	4156 WESTGATE ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, KENNETH	
STREET ADDRESS	8014 GROVEMONT ESTATE ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, ELIZABETH	
STREET ADDRESS	8676 A D MIMS RD	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan June L W	
STREET ADDRESS	516 One Center Blvd. #101	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, G Michael	
STREET ADDRESS	516 One Center Blvd. #101	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHEL HERZOG	
STREET ADDRESS	219 LANCER OAK DRIVE	
CITY-ST-ZIP	APOKA, FLORIDA 32712	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell, Nancy	
STREET ADDRESS	4936 Tuskey Bay Court	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE PITTS	
STREET ADDRESS	8014 GROVEMONT ESTATE ROAD	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blackwelder, Linda	
STREET ADDRESS	2917 Croton Rd.	
CITY-ST-ZIP	Apopka, FL 32703	

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

02/28/01 407-265-0377
 Date Daytime Phone #

CR2E037 (10/00)