

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91403 037 ****61.25

DOCUMENT # N42502

1. Entity Name
BUENA VISTA ACADEMY, INC.



Principal Place of Business
**10601 PARK RIDGE-GOTHA RD
WINDERMERE FL 34786
US**

Mailing Address
**10601 PARK RIDGE-GOTHA RD
WINDERMERE FL 34786
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3051351**

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

**GLANTZ, BRIAN
10601 PARK RIDGE-GOTHA ROAD
WINDERMERE FL 34786**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **GOECKEL, FRANK**
STREET ADDRESS **9805 MOHRS COVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Change ☒ Addition
NAME **DECAMILIS, TONY**
STREET ADDRESS **5060 DOWNTOWN LANE**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **V** ☐ Delete
NAME **CHENG, SUE**
STREET ADDRESS **13024 WATER POINT BLVD**
CITY-ST-ZIP **WINDERMERE FL 34787**

TITLE **D** ☐ Change ☒ Addition
NAME **HEADMASTER**
STREET ADDRESS **GLANTZ, BRIAN**
CITY-ST-ZIP **4994 SOUTHWEST CIRCLE**
OCFEE, FL 34761

TITLE **S** ☐ Delete
NAME **WESTWOOD, AMY**
STREET ADDRESS **13349 LAKE BUTLER BLVD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Change ☒ Addition
NAME **HOPP, CAROLYN**
STREET ADDRESS **4801 WATER VISTA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE **T** ☐ Delete
NAME **SWANSON, GLEN**
STREET ADDRESS **8216 SARAGOZA COURT**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **D** ☐ Change ☒ Addition
NAME **LANDRY, ROB**
STREET ADDRESS **3290 BEAZER DRIVE**
CITY-ST-ZIP **OCFEE, FL 34761**

TITLE **T** ☒ Delete
NAME **DEVINE, DAN**
STREET ADDRESS **9668 WOODMONT PLACE**
CITY-ST-ZIP **WINDEREMER FL 34786**

TITLE **D** ☐ Change ☒ Addition
NAME **MARTINI, SHELLEY**
STREET ADDRESS **10337 TROUT ROAD**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **T** ☐ Delete
NAME **MELCER, MARSHALL**
STREET ADDRESS **8116 HOOK CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **D** ☐ Change ☒ Addition
NAME **SULLIVAN, JOHN**
STREET ADDRESS **1954 MAPLE LEAF DRIVE**
CITY-ST-ZIP **WINDERMERE, FL 34786**

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

4/19/03

(407) 876-7020

CR2E037 (10/02)