

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001534

1. Entity Name

ACADEMY AT THE LAKES EDUCATIONAL FOUNDATION, INC

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90268 010 ****61.25

Principal Place of Business

Mailing Address

2331 COLLIER PKWY
 LAND O'LAKES FL 34639
 US

20315 MID COURT
 LUTZ FL 33549-5116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3233058

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

KUENZEL, DIANE E
 P.O. BOX 334
 4111 LAND O'LAKES BLVD
 LAND O'LAKES FL 34639

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME MORRIS, JUDY
 STREET ADDRESS 18609 GERACI ROAD
 CITY-ST-ZIP LUTZ FL 33549

TITLE PID ☒ Change ☐ Addition
 NAME Kuenzel, Diane
 STREET ADDRESS P.O. Box 334 4425 Deerhound Dr.
 CITY-ST-ZIP Land O'Lakes, FL 34639

TITLE VT ☒ Delete
 NAME ADAMS, MAUREEN
 STREET ADDRESS 3420 LAKE PADGETT DRIVE
 CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE D ☒ Change ☐ Addition
 NAME McCormick, Mary
 STREET ADDRESS 2835 Meadowood Dr.
 CITY-ST-ZIP New Port Richey, FL 34655

TITLE DT ☒ Delete
 NAME PRIEST, TAMMI
 STREET ADDRESS 7316 BAY PINES DR.
 CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE T ☐ Change ☒ Addition
 NAME McCarthy, Michele
 STREET ADDRESS 3753 Briarbrook Place
 CITY-ST-ZIP Land O'Lakes, FL 34639

TITLE T ☐ Delete
 NAME MCCORMICK, MARY
 STREET ADDRESS 2835 MEADOWOOD DR
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition

TITLE S ☐ Delete
 NAME WENDLEK, RICHARD J
 STREET ADDRESS 20315 MILL COURT
 CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00

(F13) 948-2133

CR2E037 (9/99)