

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

0057086

DOCUMENT # N94000001534

1. Entity Name

ACADEMY AT THE LAKES EDUCATIONAL FOUNDATION, INC

Principal Place of Business

**2331 COLLIER PKWY
 LAND O'LAKES FL 34639
 US**

Mailing Address

**20315 MID COURT
 LUTZ FL 33549**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | <input type="checkbox"/> Delete |
| NAME | MORRIS, JUDY | |
| STREET ADDRESS | 18609 GERACI ROAD | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | ADAMS, MAUREN | |
| STREET ADDRESS | 3420 LAKE PADGETT DRIVE | |
| CITY-ST-ZIP | LAND O'LAKES FL 34639 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | PRIEST, TAMMI | |
| STREET ADDRESS | 7316 BAY PINES DR. | |
| CITY-ST-ZIP | WESLEY CHAPEL FL 33544 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MCCORMICK, MARY | |
| STREET ADDRESS | 2835 MEADOWOOD DR | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WENDLEK, RICHARD J | |
| STREET ADDRESS | 20315 MILL COURT | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **EDZ15/01 813 948-2133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE