

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N95000003245

1. Entity Name

GLENHAVEN ACADEMY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-14-2000 90079 041 *****70.00

Principal Place of Business

12577 SPRING HILL DRIVE
SPRING HILL FL 34609
US

Mailing Address

12577 SPRING HILL DR
SPRING HILL FL 34609-5028
US

2. Principal Place of Business

12567 Spring Hill Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill
Florida

City & State

Zip

34609

Country

USA

Zip

Country

4. FEI Number

59-3328210

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, NANCY
4431 LANDOVER BOULEVARD
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name Eda Laverne Hutchins

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

12285 Pine Bluff Street

Spring Hill

City

FL

Zip Code

34609

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

Eda L. Hutchins

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	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, NANCY	
STREET ADDRESS	4431 LANDOVER BOULEVARD	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISCO, DANITA	
STREET ADDRESS	6249 NEWMARK ST	
CITY-ST-ZIP	SPRING HILL FL 34606	VICE PRESIDENT
TITLE	P	<input type="checkbox"/> Delete
NAME	HUTCHINS, EDNA LAVERNE	
STREET ADDRESS	12285 PINE BLUFF STREET	
CITY-ST-ZIP	SPRING HILL FL	PRESIDENT
TITLE	D	<input type="checkbox"/> Delete
NAME	DECOTEAU, YVONNE	
STREET ADDRESS	16267 MARTHA RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	DIRECTOR
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCHI, DARLENE	
STREET ADDRESS	10435 TASSEL STREET	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, JUDY	
STREET ADDRESS	9236 NORTHCLIFF BLVD	
CITY-ST-ZIP	SPRING HILL FL 34606	TREASURER

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JULIA TEATES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11085 UPTON ST.	
STREET ADDRESS	SPRING HILL, FL 34608	DIRECTOR
CITY-ST-ZIP		
TITLE	Jennifer D. Hutchins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14 AVENIDA MENENDEZ APT B	
STREET ADDRESS	ST. AUGUSTINE, FL 32084	SECRETARY
CITY-ST-ZIP		
TITLE	CORRECTION OF NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDA NOT EDNA	
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
NAME		
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:

Eda Laverne Hutchins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-686-2863

CR2E037 (9/99)