

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003245

1. Entity Name

GLENHAVEN ACADEMY, INC.

Principal Place of Business

Mailing Address

12567 SPRING HILL DRIVE
SPRING HILL FL 34609
US

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SPRING HILL FL 34609
US

2. GLEN577 346092074 1A00 23 01/11/01
NOTIFY SENDER OF NEW ADDRESS
:GLENHAVEN ACADEMY
PO BOX 15212
SPRING HILL FL 34604-0114



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

HUTCHINS, EDA L
12285 PINE BLUFF ST
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME TEATES, JULIA
STREET ADDRESS 11085 UPTON ST
CITY-ST-ZIP SPRING HILL FL 34608

TITLE VD ☐ Delete
NAME SISCO, DANITA
STREET ADDRESS 6249 NEWMARK ST
CITY-ST-ZIP SPRING HILL FL 34606

TITLE P ☐ Delete
NAME HUTCHINS, EDA L
STREET ADDRESS 12285 PINE BLUFF STREET
CITY-ST-ZIP SPRING HILL FL

TITLE D ☒ Delete
NAME DECOTEAU, YVONNE
STREET ADDRESS 16267 MARTHA RD
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE S ☐ Delete
NAME HUTCHINS, JENNIFER D
STREET ADDRESS 14 AVENIDA MENEDEZ APT B
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE DT ☐ Delete
NAME LYNCH, JUDY
STREET ADDRESS 9236 NORTHCLIFF BLVD
CITY-ST-ZIP SPRING HILL FL 34606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE LISA BELL DIRECTOR ☐ Change ☒ Addition
NAME 4044 PAVIA LANE
STREET ADDRESS SPRING HILL, FL 34606 DIRECTOR
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 L Hutchins

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90045 027 ****70.00

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DO NOT WRITE IN THIS SPACE

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