

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003245

1. Entity Name

GLENHAVEN ACADEMY, INC.

Principal Place of Business

P.O BOX 15212  
SPRING HILL FL 34604-0114  
US

Mailing Address

P.O BOX 15212  
SPRING HILL FL 34604-0114  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME SISCO, DANITA  
STREET ADDRESS 6249 NEWMARK ST 5104 EMERSON RD.  
CITY-ST-ZIP SPRING HILL FL 34606 34601 BROOKSVILLE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BELL, LISA  
STREET ADDRESS 4044 PAVIA LANE  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME LYNCH, JUDY  
STREET ADDRESS 9236 NORTHCLIFF BLVD 13444 BANNER RD.  
CITY-ST-ZIP SPRING HILL FL 34606 34609

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 15, 2002 8:00 am  
Secretary of State

01-15-2002 90072 048 \*\*\*\*61.25

BU004303



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)