

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003245

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: GLENHAVEN ACADEMY, INC.

## Current Principal Place of Business:

P.O BOX 15212  
SPRING HILL, FL 346040114 US

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 15212  
SPRING HILL, FL 346040114 US

## New Mailing Address:

FEI Number: 59-3328210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TEATES, JULIA  
Address: 11085 UPTON ST  
City-St-Zip: SPRING HILL, FL 34608

Title: VD ( ) Delete  
Name: SISCO, DANITA  
Address: 5104 EMERSON RD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: P ( ) Delete  
Name: HUTCHINS, EDA L  
Address: 12285 PINE BLUFF STREET  
City-St-Zip: SPRING HILL, FL

Title: D (X) Delete  
Name: BELL, LISA  
Address: 4044 PAVIA LANE  
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Delete  
Name: HUTCHINS, JENNIFER D  
Address: 14 AVENIDA MENEDEZ APT B  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT ( ) Delete  
Name: LYNCH, JUDY  
Address: 13444 BANNER RD  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SISCO, JENNIFER D  
Address: 12285 PINE BLUFF STREET  
City-St-Zip: SPRING HILL, FL 34609

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDA L. HUTCHINS

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date