## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # N95000005491 May 26, 2000 8:00 am Secretary of State ROSEMONT ACADEMY, INC. 05-26-2000 90121 015 \*\*\*\*70.00 Principal Place of Business Mailing Address 35246 US 19 NORTH 35246 US 19 NORTH #306 #306 PALM HARBOR FL 34684-1931 PALM HARBOR FL 34684 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3353632 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COUGHLIN, VICKY 40 WOODCUTTER LN PALM HARBOR FL 34683 City Zin 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Mitch Leger ☐ Addition ☐ Change TITLE ☐ Delete TITLE 15019 Southfork Dr. NAME MILLEN, JOE NAME STREET ADDRESS STREET ADDRESS 4148 ARLINGTON DR. Tampa FL 33624 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 TITLE ☐ Delete Change ☐ Addition NAME COUGHLIN, VICKY NAME STREET ADDRESS STREET ADDRESS 40-WOODCUTTER LANE : CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change Addition TITLE Delete TIT) F NAME NAME REILLY, FRANCIS STREET ADDRESS STREET ADDRESS 13788 MONTEGO DR. CITY-ST-7IF CITY-ST-ZIP SEMINOLE FL 34646 Delete TITLE Change ☐ Addition TITLE NAME KIM GUDAN NAME STREET ADDRESS STREET ADDRESS 3426 LACEWOOD RD CITY-ST-7/P CITY-ST-ZIP tampa fl ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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