

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003212

1. Entity Name

ACADEMY FOR THE GIFTED, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90063 003 ****61.25

Principal Place of Business

337 7TH AVE. NORTH
TIERRA VERDE FL 33715

Mailing Address

337 7TH AVE. NORTH
TIERRA VERDE FL 33715-1858

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2698127

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHASE, DEBRA K
337 7TH AVE. NORTH
TIERRA VERDE FL 33715

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	PVPD	<input type="checkbox"/> Delete
NAME	CHASE, DEBRA K	
STREET ADDRESS	337 7TH AVE. NORTH	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIZWA, MICHELLE	
STREET ADDRESS	C/O 337-7 AVENUE NORTH	
CITY-ST-ZIP	TIERRA VERDE FL 33715-1858	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROWN, EARL T	
STREET ADDRESS	8431-121 AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 34643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: Debra K Chase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000 (727) 84-3083

Date

Daytime Phone #

CR2E037 (9/99)