

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001882

1. Entity Name

WESLEY'S ACADEMY INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90048 019 \*\*\*\*70.00

Principal Place of Business

4650 SW 61 AVE  
 DAVIE FL 33314

Mailing Address

801 OLEANDER DRIVE  
 PLANTATION FL 33317

2. Principal Place of Business

4650 S.W. 61 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

Zip

33314

Country

Broward

Country

4. FEI Number

65-0740489

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WEIR, WESLEY W  
 801 OLEANDER DRIVE  
 PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

N/A

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 WEIR, WESLEY W  
 801 OLEANDER DRIVE  
 PLANTATION FL 33317

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 WEIR, AUDREY D  
 801 OLEANDER DRIVE  
 PLANTATION FL 33317

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 WEIR, LISA R  
 801 OLEANDER DRIVE  
 PLANTATION FL 33317

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Wesley W. Weir*  
 SIGNATURE REQUIRED

4/22/01

(954) 584-6060

CR2E037 (10/00)