

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90102 038 ****61.50

DOCUMENT # N97000005889

1. Entity Name

Ave Maria Academy, INC ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

391 14th Ave. SE

Suite, Apt. #, etc.

3. Mailing Address

391 14th Ave SE

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jackson Beach, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3475284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAKOWSKI, Raymond
 886 South 3rd ST
 Jacksonville Beach, FL 32250

7. Name and Address of New Registered Agent

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

TITLE	D.P.	<input type="checkbox"/> Delete
NAME	Dona Williams	
STREET ADDRESS	405 Snapping Turtle Ct E	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	Laura Miller	
STREET ADDRESS	1685 Selva Marana Dr.	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	Chris Williams	
STREET ADDRESS	405 Snapping Turtle Ct E	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	Richard Miller	
STREET ADDRESS	1685 Selva Marana Dr	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Chris Williams, Director

5-3-2000

904 2414337

Date

Daytime Phone #

CR2E037 (9/99)