

2001 UNIFORM BUSINESS REPORT (UBR)

2/3

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-03-2001 90057 002 ****61.25

DOCUMENT # N98000006054

1. Entity Name

THE FOUNDATION ACADEMY, INC.

Principal Place of Business

**107 3RD AVE SOUTH
 JACKSONVILLE BEACH FL 32250**

Mailing Address

**PO BOX 330108
 ATLANTIC BEACH FL 32233-0108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2969186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SORRELL, MARY C
 2275 ATLANTIC BLVD
 SUITE 200
 NEPTUNE BEACH FL 32266**

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 re-registering)

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 **PTD** ☐ Delete
 NAME **HIONIDES, NADIA**
 STREET ADDRESS **47 11TH ST**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **VID** ☐ Delete
 NAME **HIONIDES, CHRIS**
 STREET ADDRESS **47TH 11TH ST**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ Delete
 NAME **HIONIDES, MARC**
 STREET ADDRESS **47 11TH ST**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS **107 3rd Ave., S.**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **Vice President, Director** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS **2275 Atlantic Blvd., #100**
 CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **107 3rd Ave., S.**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1/29/01

(904) 241-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)