

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007170

1. Entity Name

ACTIVE LEARNING ACADEMY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90019 023 ****61.25

Principal Place of Business Mailing Address
14949 SOUTH TAMiami TRAIL 14949 SOUTH TAMiami TRAIL
SUITE 112 SUITE 112
NORTH PORT FL 34287 NORTH PORT FL 34287-2731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
14503 S. Tamiami Trail 14503 S. Tamiami Trail
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
North Port, FL North Port, FL
Zip 34287 Country Sarasota Zip 34287 Country Sarasota

4. FEI Number 31-1634946 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, ALEXIS
14949 S TAMiami TR STE 112
NORTH PORT FL 34287

7. Name and Address of New Registered Agent
Name Lisa O'Neal
Street Address (P.O. Box Number is Not Acceptable)
14503 S. Tamiami Trail
Suite B
City North Port FL Zip Code 34287

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 Lisa O'Neal DATE 4/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, ALEXIS		NAME	Lisa O'Neal	
STREET ADDRESS	14949 S TAMiami TR STE 112		STREET ADDRESS	14503 S. Tamiami Trail #B	
CITY-ST-ZIP	NORTH PORT FL 34287		CITY-ST-ZIP	North Port, FL 34287	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DAVID		NAME	Lee O'Neal	
STREET ADDRESS	4634 SAN ANTONIO LANE		STREET ADDRESS	14503 S. Tamiami Trail #B	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	North Port, FL 34287	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, SEAN		NAME		
STREET ADDRESS	4640 SAN ANTONIO LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, KELLY		NAME		
STREET ADDRESS	14949 US 41 S.		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVETTI, BRUNO		NAME		
STREET ADDRESS	223 DARTMOUTH ST.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELEWICZ, LINDA		NAME		
STREET ADDRESS	8 DOGWOOD ST.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		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 an other life empowered.

SIGNATURE: *Lisa O'Neal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/14/00 DAYTIME PHONE # 941-489-9848

CR2E037 (9/99)