

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007242

1. Entity Name

BLUE LAKE ACADEMY, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90062 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3551 EAST ORANGE AVENUE  
EUSTIS FL 32736

3551 EAST ORANGE AVENUE  
EUSTIS FL 32736-2235

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

59-3547632

Applied For

Not Applicable

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

NICHOLSON, GARY  
3551 EAST ORANGE AVENUE  
EUSTIS FL 32736

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 D ☐ Delete  
NAME HAYMANS, SKIP  
STREET ADDRESS 3551 EAST ORANGE AVENUE  
CITY-ST-ZIP EUSTIS FL 32736

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

TITLE D ☐ Delete  
NAME NICHOLSON, GARY  
STREET ADDRESS 3551 EAST ORANGE AVENUE  
CITY-ST-ZIP EUSTIS FL 32736

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

TITLE D ☐ Delete  
NAME BISHOP, STEVEN  
STREET ADDRESS 38253 COUNTY ROAD 439  
CITY-ST-ZIP EUSTIS FL 32736

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

TITLE D ☐ Delete  
NAME CRUMPTON, JOE  
STREET ADDRESS 226 WOODLAND DRIVE  
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE D ☐ Delete  
NAME HANNA, NICK  
STREET ADDRESS POST OFFICE BOX 1422  
CITY-ST-ZIP TAVARES FL 32778

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

TITLE D ☐ Delete  
NAME HOLMAN, RONA  
STREET ADDRESS 32818 WINDY OAK STREET  
CITY-ST-ZIP SORRENTO FL 32776

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/99)