## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000023276** Apr 17, 2000 8:00 am Secretary of State 1. Entity Name ACADEMY OF ACTIVE EDUCATION, INC. 04-17-2000 90054 001 \*\*\*150.00 Principal Place of Business Mailing Address 6716 S. MACDILL AVE. 6716 S. MACDILL AVE. TAMPA FL 33611-5322 TAMPA FL 33611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3244643 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, JOANNE Street Address (P.O. Box Number is Not Acceptable) 6716 S. MACDILL AVE. **TAMPA FL 33611** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition Delete TITLE HERNANDEZ, JOANNE NAME 4112 TREASURE CIRCLE STREET ADDRESS CITY-ST-ZIF ST-ZIP **TAMPA FL 33616** ☐ Change Addition Delete TITLE HERNANDEZ, ROBERT J NAME 4112 TREASURE CIRCLE STREET ADDRESS CITY-ST-ZIP ST-ZIP **TAMPA FL 33616** ☐ Delete ☐ Change Addition TITLE NAME ADDRESS STREET ADDRESS CITY-ST-ZIP ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 759 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Dentify 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 stated 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 corporation or the receiver or trustee empowerph to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if \_\_\_, or on an attachr oanne Hernande