

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026928

1. Entity Name

DONNELL ACADEMY SCHOOL, INC.

FILED

Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90068 050 ***150.00

Principal Place of Business

Mailing Address

903 PLYMOUTH AVE.
ORLANDO FL 32805

903 PLYMOUTH AVE.
ORLANDO FL 32805-3743

2. Principal Place of Business

3. Mailing Address

Jumpin' Jack Academy School

903 PLYMOUTH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Day Care

Day Care

City & State

City & State

Orlando Florida

Orlando FL

Zip

Country

Zip

Country

32805

Orange

32805

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, CHARLENE
903 PLYMOUTH AVE.
ORLANDO FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

903 Plymouth Ave

City

Orlando

FL

Zip Code

32805

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

Charlene Wilcox

(NOTE: Registered Agent signature required when reinstating)

1-11-2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
WILCOX, CHARLENE
903 PLYMOUTH AVE.
ORLANDO FL 32805

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WILCOX, LARRY
903 PLYMOUTH AVE.
ORLANDO FL 32805

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Charlene Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2000

CR2F034 (1/99)