

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035601

1. Entity Name

AMERICAN VILLAGE ACADEMY, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90819 001 \*\*\*317.50

Principal Place of Business

Mailing Address

TOWER PINE DRIVE  
GARDEN FL 34787

9043 TOWER PINE DRIVE  
WINTER GARDEN FL 34787-9613  
US

7625

2. Principal Place of Business

3. Mailing Address

905 Longwood Hills Rd  
Suite, Apt. #, etc.

905 Longwood Hills Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3502762

Applied For

☒ Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

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

GILLEN, JOHN L  
2314 HOLLY RIDGE DR  
OCOE FL 34761

Name

Bob A. Varma, CPA

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

610 Crown Oak Centre Dr.

City

Longwood

FL

Zip Code

32750

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

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 P  
NAME MILLER, HEIDI D  
STREET ADDRESS 9043 TOWER PINE DR  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME GILLEN, ANN M  
STREET ADDRESS 2314 HOLLY RIDGE DR  
CITY-ST-ZIP OCOEE FL 34761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVP  
NAME DANZIG, DARLENE A  
STREET ADDRESS 823 W BIRCHWOOD CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE SVP  
NAME DARLENE A. DANZIG  
STREET ADDRESS 1850 Eldorado Ct.  
CITY-ST-ZIP ST CLOUD, FL 34771

TITLE T  
NAME FADELEY, BRETT D  
STREET ADDRESS 1378 SOUTHRIDGE LAKE CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

407 339 3144

CR2E034 (9/99)