

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

WOODMONT ACADEMY, Inc

Principal Place of Business

Mailing Address

14391 B Harbour LANE
FORT MYERS, FL 33908

SAME

2. Principal Place of Business

14590 Dory Lane
Suite, Apt. #, etc.

3. Mailing Address

14590 Dory Lane
Suite, Apt. #, etc.

City & State

Fort Myers FL
Zip 33908 Country USA

City & State

Fort Myers, FL
Zip 33908 Country USA

4. FEI Number

650888264

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN WOLFSON
14391-B Harbour LANE
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name MARTIN WOLFSON
Street Address (P.O. Box Number is Not Acceptable)
14590 Dory Lane
City FORT MYERS FL FL Zip Code 33908

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

Martin Wolfson MARTIN WOLFSON

(NOTE: Registered Agent signature required when reinstating)

5-16-00

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

TITLE	PRES JAMES WOLFSON	<input type="checkbox"/> Delete
NAME	14391-B Harbour LANE	
STREET ADDRESS	Fort Myers, FL 33908	
CITY-ST-ZIP		
TITLE	V.P. MARTIN WOLFSON	<input type="checkbox"/> Delete
NAME	14391-B Harbour LANE	
STREET ADDRESS	Fort Myers, FL 33908	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14590 Dory Lane	
STREET ADDRESS	Fort Myers FL 33908	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14590 Dory Lane	
STREET ADDRESS	Fort Myers, FL 33908	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Martin Wolfson MARTIN WOLFSON V.P.

5-16-00

974-385-7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)