

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90092-024-\$150.00-\$150.00

DOCUMENT # P99000013311

1. Entity Name

OXFORD ACADEMY OF CORAL SPRINGS, INC.

FILED

00 MAR 16 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2898 N. UNIVERSITY DR., #56  
CORAL SPRINGS FL 33065-1421

2898 N. UNIVERSITY DR., #56  
CORAL SPRINGS FL 33065-1421

2898 N. UNIVERSITY DR.

2. Principal Place of Business

3. Mailing Address

STE 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL SPRINGS

City & State

City & State

City & State

FL

City & State

Zip

Country

Zip

Country

33065

4. FEI Number

59-2363607

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

Name

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

City

FL

Zip Code

SIMMONS, DOROTHY A.  
2898 N. UNIVERSITY DR., #56  
CORAL SPRINGS FL 33065-1421

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

*Dorothy A. Simmons*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-14-00

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 PRESIDENT/DIRECTOR  
NAME DOROTHY A. SIMMONS  
STREET ADDRESS 2898 UNIVERSITY DR #56  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE DOROTHY DI ZEFALO  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Dorothy A. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOROTHY A. SIMMONS

2/15/00

CR2E034 (9/99)