2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90143 016 ****70.00

DOCUMENT # N22172

1. Entity Name

UNIVERSAL ACADEMY PRIVATE SCHOOL, INC.

Principal Place of Business	Mailing Address
21310 NW 37 AVE CAROL CITY FL 33056 US	21310 NW 37 AVE CAROL CITY FL 33056-1030 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0138024 ☐ 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
TUMPKIN, MARY A. 21310 NW 37 AVE MIAMI FL 33056	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KERSON, BERNICE 3734 NW 213 ST MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOBLES, RALEIGH 8515 SAW PINE ROAD DELRAY BEACH, FL 33446-9615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUMPKIN, MARY 21310 NW 37 AVE CAROL CITY FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ARTHUR, MIRIAM CARLOTA 20428 N.W. 57TH AVE MIAMI, FL 33169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPBELL, THERESA 19720 NW 7TH AVE MIAMI FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KERSON, BERNICE 3734 N.W. 213 ST. MIAMI, FL 33056	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLAKE, OLIVE 11208 RHAPSODY RD COOPER CITY FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, THERESA 19720 N.W. 7TH AVE MIAMI, FL 33169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLEMONS-SLAUGHTER, VIRGINIA 11083 CHANDLER DR PEMBROKE PINES FL 33026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMONS-SLAUGHTER, VIRGINIA 11083 CHANDLER DR PEMBROKE PINES, FL 33026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRIS, YVONNE 2524 SW 177 TERR MIRAMAR FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, YVONNE 2524 S.W. 177 TERR MIRAMAR, FL 33029	☒ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE-REQUIRED Mary A. Tumpkin 4/14/00 (305) 624-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #