

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-02-2001 90125 033 ****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
 US

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

Name

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

City

FL

Zip Code

TUMPKIN, MARY A.
21310 NW 37 AVE
MIAMI FL 33056

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

Mary A. Tumpkin

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERSON, BERNICE 3734 NW 213 ST MIAMI FL	☒ Delete
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	T CAMPBELL, THERESA 19720 NW 7TH AVE MIAMI FL 33169	☐ Delete
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	T CLEMONS-SLAUGHTER, VIRGINIA 11083 CHANDLER DR PEMBROKE PINES FL 33026	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, YVONNE 2524 SW 177 TERR MIRAMAR FL 33029	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RALEIGH NOBLES 8515 SAW PINE RD DELRAY BEACH, FL 33446-9615	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRIAM CARLOTA ARTHUR 20428 N.W. 15 AVE. MIAMI, FL 33169	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DR. BARBARA B. COBB 840 SO. BISC. RIV. DR. MIAMI, FL 33169-6143	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

47859



DO NOT WRITE IN THIS SPACE