2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attag

ent with an address, with all other like empowered

FILED DOCUMENT # **N99000006077** May 16, 2000 8:00 am Secretary of State YULEE CAREER INSTITUTE, INC. 05-16-2000 90159 024 ****61.25 Principal Place of Business Mailing Address 3501 TOWNSEND BLVD #141 3501 TOWNSEND BLVD #141 JACKSONVILLE FL 32277 JACKSONVILLE FL 32277-2722 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired 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) YULEE, JACQUELINE P. 3501 TOWNSEND BLVD #141 JACKSONVILLE FL 32277 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE Change TITLE Jacaneline P. Yulee NAME NAMÉ rownsend Blvd, #141 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32277 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE charles w. Yulee NAME NAME 212 W. Church Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Killeen 💳 ☐ Delete TITLE ☐ Change Addition TITLE Anthony C. Harrell NAME 3501 Townsend Blud, #141 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jackson ville, FL ☐ Change Addition TITLE □ Delete TITLE NAME NAME 3501 Townsend Blvd, #141 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP sackson ville, FL 32277 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ne P. Ynlee 4/25/00