## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 21, 2002 8:00 am Secretary of State DOCUMENT # N9900006077 1. Entity Name YULEE CAREER INSTITUTE, INC. 05-21-2002 90894 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 3501 TOWNSEND BLVD 3501 TOWNSEND BLVD JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3598232 Not Applicable Zip 6 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9." Election Campaign Financing Make Check Payable to -\$5:00 Māy Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition ☐ Delete TITLE (9/01) ☐ Change YULEE, JACQUELINE P NAME STREET ADDRESS 3501 TOWNSEND BLVD, #141 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32277 TITLE □ Delete TITLE Change ☐ Addition LINCOLN. DORETHA NAME NAME STREET ADDRESS 11743 102ND TRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP == LIVE OAK FL 32060 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRELL. ANTHONY NAME NAME 5452 KEYSTONE DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empower 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 attach

SIGNATURE: