

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736497

1. Entity Name

ATLANTIS ACADEMY, INC.

Principal Place of Business

9600 S.W. 107 AVE.
MIAMI FL 33176

Mailing Address

9600 S.W. 107 AVE.
MIAMI FL 33176-2759

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

59-1684357

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

TEPPER, LETITIA C.
7009 S.W. 53RD LANE
MIAMI FL 33155

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 P
NAME VALYERDEJ, FERNANDO D
STREET ADDRESS 160 LEUCADENDRA DRIVE
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE V
NAME PARKERSON, JANET
STREET ADDRESS 8801 S.W. 148TH DRIVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S
NAME CARTER, SAM
STREET ADDRESS 9370 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE D
NAME JOLIFF, JEANNE
STREET ADDRESS 8900 S.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D
NAME DOLARA, PETER
STREET ADDRESS 901 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME HARRISON, JEFFREY S
STREET ADDRESS 9040 S.W. 110TH AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE L
NAME CARTER, SAM
STREET ADDRESS 9370 SUNSET
CITY-ST-ZIP MIAMI, FL 33165 ☒ Change ☐ Addition

TITLE VICEPRESIDENT
NAME HARRISON, JEFFREY S
STREET ADDRESS 9040 S.W. 110 AVENUE
CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE SECRETARY
NAME PARKERSON, JANET
STREET ADDRESS 8801 S.W. 148 DRIVE
CITY-ST-ZIP MIAMI, FL ☒ Change ☐ Addition

TITLE TREASURER
NAME JOLIFF, JEANNE
STREET ADDRESS 8900 S.W. 107 AVENUE
CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE D
NAME DOLARA, PETER
STREET ADDRESS 901 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☐ Addition

TITLE D
NAME UDELL, MARILYN
STREET ADDRESS 57 PROSPECT DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33133 ☐ 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 like empowered.

SIGNATURE:

Letitia C. Tepper, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.2000 305.271.9991

Date

Daytime Phone #

CR2E037 (9/99)