

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001650

1. Entity Name

JUNIOR ACADEMY OF LAKE MARY, LTD.

Principal Place of Business

381 MEADOW BEAUTY TERRACE  
SANFORD FL 32771

Mailing Address

381 MEADOW BEAUTY TERRACE  
SANFORD FL 32771

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

59-3680636

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

ALCOTT, ANNETTE L

381 MEADOW BEAUTY TERRACE  
SANFORD FL 32771

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

450,000.00

10. Amount of Capital Contributions in FLORIDA to date.

450,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000092275  
NAME JUNIOR ACADEMY OF LAKE MARY, INC.  
STREET ADDRESS 381 MEADOW BEAUTY TERRACE  
CITY-ST-ZIP SANFORD FL 32771

STREET ADDRESS

CITY-ST-ZIP

2x 526.25  
300004221833--6  
-05/17/01--01028--012

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NAME  
STREET ADDRESS  
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STREET ADDRESS

CITY-ST-ZIP

\*\*\*1250.75 \*\*\*\*526.25

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Handwritten Signature*

FARROW A. ALCOX U.P. 426-01 407-920-5973

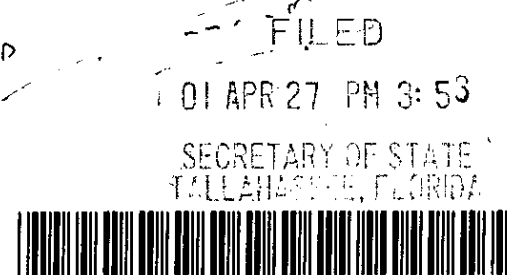
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001382 AF

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE