

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006660

1. Entity Name
WHITE SANDS LEARNING ACADEMY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

Principal Place of Business
2697 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

Mailing Address
2697 GULF BREEZE PARKWAY
GULF BREEZE FL 32561-3023

2. Principal Place of Business
2703 Gulf Breeze Parkway
Suite, Apt. #, etc.

3. Mailing Address
2135 Gloria Circle
Suite, Apt. #, etc.

City & State
Gulf Breeze, FL
Zip 32561 Country

City & State
Pensacola, FL
Zip 32514 Country

4. FEI Number
59-3603215

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMALL, JEREMY JOSEPH
2697 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name: Jeremy J. Small
Street Address (P.O. Box Number is Not Acceptable)
2135 Gloria Circle
City: Pensacola FL Zip Code: 32514

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 _____ (NOTE: Registered Agent signature required when reinstating)
 000003326940--8
-07/18/00--01085--008
*****50.00 DATE *****50.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
								<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
								<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
								<input type="checkbox"/> Change	<input type="checkbox"/> Addition
								<input type="checkbox"/> Change	<input type="checkbox"/> Addition
								<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

05-22-00

Date

850-505-0096

Daytime Phone #

CR2E011 (9/99)