

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90275 044 \*\*\*\*61.25

**DOCUMENT # N00000007193**

1. Entity Name

**TURNING POINT LEARNING CENTER, INC.**

Principal Place of Business

11246 FT CAROLINE RD  
 JACKSONVILLE FL 32225

Mailing Address

11246 FT CAROLINE RD  
 JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

**11246 Ft Caroline Rd**

Suite, Apt. #, etc.:

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville**

4. FEI Number

**59-367843 8**

5. Applied For

☒ Not Applicable

Zip

**32225**

Country

**Duval**

Zip

**32225**

Country

**Duval**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEARSE, JACQUELINE**  
**11246 FT CAROLINE RD**  
**JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCEO**  
**KEARSE, JACQUELINE**  
**11246 FT CAROLINE RD**  
**JACKSONVILLE FL 32225**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**JOYNER, LASHANTA**  
**11246 FT CAROLINE RD**  
**JACKSONVILLE FL 32225**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**KEARSE, JONEY A**  
**11246 FT CAROLINE RD**  
**JACKSONVILLE FL 32225**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Trustee**  
**Caldwell, Wanda**  
**3439 Drexel St Apt. 4**  
**Jacksonville, FL 32207**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Trustee**  
**Hattie Caldwell**  
**165 West 12th St**  
**Jacksonville, FL 32209**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Trustee**  
**Queen Rivers**  
**5831 Harris Ave.**  
**Jacksonville, FL 32211**

TITLE  
 NAME  
 STREET ADDRESS  
 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 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:

**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-01**

Date

Daytime Phone #

CR2E037 (10/00)