

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90046 033 *****70.00

UBR61/49

DOCUMENT # NO1000003405

1. Entity Name

CRIMINAL JUSTICE, LAW AND CAREER ACADEMY, INC.



Principal Place of Business

**KATHLEEN HIGH SCHOOL
2600 CRUTCHFIELD ROAD
LAKELAND FL 33805**

Mailing Address

**KATHLEEN HIGH SCHOOL
2600 CRUTCHFIELD ROAD
LAKELAND FL 33805**

11027069



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1797468**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**WALLER, DAVID
524 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David R Waller*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **WALLER, DAVID MR.**
STREET ADDRESS **524 SOUTH FLORIDA AVENUE**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☒ Change ☐ Addition
NAME **T/D WALLER, DAVID MR.**
STREET ADDRESS **4211 N. LOIS AVENUE**
CITY-ST-ZIP **TAMPA, FLA. 33614**

TITLE ☒ Delete
NAME **BOATNER, ROGER ACOP**
STREET ADDRESS **219 NORTH MASSACHUSETTS AVENUE**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☒ Addition
NAME **D SIGSON, JOOY LT.**
STREET ADDRESS **219 N. Massachusetts Ave.**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE ☐ Delete
NAME **WOOD, CHRISTY MS.**
STREET ADDRESS **455 NORTH BROADWAY**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SCOTT, SAMUEL MR.**
STREET ADDRESS **2600 CRUTCHFIELD ROAD**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CORBETT, DONALD LT.**
STREET ADDRESS **455 NORTH BROADWAY**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SALEMME, TONY MR.**
STREET ADDRESS **P. O. BOX 7455**
CITY-ST-ZIP **LAKELAND FL 33807**

TITLE ☐ Change ☐ Addition
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: *David R Waller*

2-24-03 813-878-7222

CR2E037 (10/02)