

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90042 037 ****61.25

DOCUMENT # N02000007754

1. Entity Name
THE ADVANCE LEARNING CENTER PILOT PROGRAM, INC.



Principal Place of Business

1732 NW 95TH ST.
MIAMI FL 33147

Mailing Address

1732 NW 95TH ST.
MIAMI FL 33147

2. Principal Place of Business

1732 NW 95TH ST.

Suite, Apt. #, etc.

3. Mailing Address

1732 NW 95TH ST.

Suite, Apt. #, etc.

City & State

Mia. Fla.

City & State

Mia. Fla.

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

Zip
33147

Country

USA

Zip
33147

Country

USA

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

TROY, SHARON D
1732 NW 95TH ST.
MIAMI FL 33147

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TROY, SHARON D	
STREET ADDRESS	1732 NW 95TH ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, LORENZO	
STREET ADDRESS	1732 NW 95TH ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, CATHY D	
STREET ADDRESS	1732 NW 95TH ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Sharon D Troy

CR2E037 (10/02)