

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21357

1. Entity Name

LA ALPHA LEARNING AND DEVELOPMENT CENTER, INCORP

Principal Place of Business

1225 W 29TH  
JACKSONVILLE FL 32209  
US

Mailing Address

P.O. BOX 9542  
JACKSONVILLE FL 32208

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

59-2829232

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

THOMAS, GRACE  
5393 TUBMAN DRIVE, NORTH  
JACKSONVILLE FL 32208

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RAY, EARL  
STREET ADDRESS 7170 LEM TURNER CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME THOMAS, GRACE  
STREET ADDRESS 7170 LEM TURNER CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME TUCKER, KIM  
STREET ADDRESS 4266 CARROLL DR  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE SD  
NAME DORIS Black  
STREET ADDRESS 9101 Pearl St  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D  
NAME BRYANT, EDWARD A.  
STREET ADDRESS 1935 W. 44TH ST.  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME RAY, YOLANDA  
STREET ADDRESS 7114 RUSSELL ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  
NAME Nicholson, Thomasena  
STREET ADDRESS 3239 Brentwood Ave  
CITY-ST-ZIP Jacksonville FL 32206

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Grace Thomas Grace Thomas

4-16-01

904 766-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90169 002 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE