

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004291

1. Entity Name

LITTLE LEE'S ACADEMY, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90126 041 ****61.25

Principal Place of Business

206 SW 13TH AVE
DELRAY BEACH FL 33444

Mailing Address

P.O. BOX 2135
DELRAY BEACH FL 33447-2135

2. Principal Place of Business

3. Mailing Address

P.O. Box 2133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Delray Beach FL

Zip

Country

Zip
33447-2135

Country

United States

4. FEI Number

65-0688448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEY, LENNARD
505 SUNSET RD
BOYNTON BEACH FL 33435

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	DP	<input type="checkbox"/> Delete
NAME	JOSEY, LENNARD	
STREET ADDRESS	505 SUNSET RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LANE, EVANGHAM V	
STREET ADDRESS	505 SUNSET RD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOSEY, MEARLENE	
STREET ADDRESS	505 SUNSET RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 19-2000

CR2E037 (9/99)