

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 SEP 21 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000082**

1. Entity Name
ACTION SPEAKS HERITAGE EDUCATION SYSTEM Center, Inc.

Principal Place of Business
3478 East Business 98 Panama City, Florida 32401

Mailing Address
P.O. Box 20407 Tallahassee, FL 32316

2. Principal Place of Business
3478 East Bus 98

3. Mailing Address
P.O. Box 20407

Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Tallahassee, FL

Zip
32401

Country
USA

Zip
32316

Country
USA

4. FEI Number
59-3427501

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Gloria J. Hunt Keith
918 East 7th Court
Panama City, FL 32401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 DPS	NAME KEITH, Gloria J. Hunt	<input type="checkbox"/> Delete
STREET ADDRESS 918 East 7th Court		
CITY-ST-ZIP Panama City, FL 32401		
TITLE D	NAME KEITH, TANYA (SMITH)	<input type="checkbox"/> Delete
STREET ADDRESS 918 East 7th Court		
CITY-ST-ZIP Panama City, FL 32401		
TITLE D	NAME KEITH, MIRIAM V	<input type="checkbox"/> Delete
STREET ADDRESS 1819 W. Pensacola ST. #A-3		
CITY-ST-ZIP Tallahassee, FL 32304		
TITLE DT	NAME DIRECTOR Hunt, Eppie D.	<input type="checkbox"/> Delete
STREET ADDRESS 918 East 7th Court		
CITY-ST-ZIP Panama City, FL 32401		
TITLE	NAME DIRECTOR MCQUEEN, BRIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 606 FULTON ST #83		
CITY-ST-ZIP TAL FL 32303		
TITLE	NAME DIRECTOR LAWSON PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 606 FULTON ST #83		
CITY-ST-ZIP TAL FL 32303		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE D	NAME DIRECTOR Hunt, Eppie D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 918 East 7th Ct.		
CITY-ST-ZIP Panama City, FL 32401		
TITLE D	NAME DIRECTOR ARTIST ARTHUR J. Keith, JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS P.O. Box 20407		
CITY-ST-ZIP Tallahassee, FL 32316		
TITLE D	NAME Jr's DIRECTOR-TRAINING Kaynecia Keith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1819 W. Pensacola Street		
CITY-ST-ZIP Tallahassee, FL 32304		

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: **Gloria J. Hunt Keith** **Gloria J. Hunt Keith** **9-12-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)