

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002808

1. Entity Name

VIRTUAL ACADEMY OF FLORIDA, INC.

Principal Place of Business

7000 PINE FOREST ROAD
SUITE C
PENSACOLA FL 32526
US

Mailing Address

7000 PINE FOREST ROAD
SUITE C
PENSACOLA FL 32526
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8025 N Palafox St.

Suite, Apt. #, etc.

8025 N Palafox St.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32534

Country

USA

Zip

32534

Country

USA

6. Name and Address of Current Registered Agent

BLANTON, J.R.

3923 SOUTH GULF MANOR
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name Glennis Peaden

Street Address (P.O. Box Number is Not Acceptable)

3852 Lane Rd.

City

Pace

FL

Zip Code

32571

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

Gloria F Reynolds

7/13/00

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
After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CATES, V.L.	
STREET ADDRESS	2012 E HERNANDEZ	
CITY-ST-ZIP	ST PENSACOLA FL 32503	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ELLEN	
STREET ADDRESS	201 RUBY AVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	S	<input type="checkbox"/> Delete
NAME	REYNOLDS, GLORIA F	
STREET ADDRESS	3245 TORRES AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, M.K.	
STREET ADDRESS	5923 S GULF MANOR, PO BOX 7573	
CITY-ST-ZIP	PENSACOLA FL 32526	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glennis Peaden	
STREET ADDRESS	3852 Lane Rd.	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Addison Peaden	
STREET ADDRESS	3852 Lane Rd.	
CITY-ST-ZIP	Pace, FL 32571	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Segraves	
STREET ADDRESS	5812 Twin Oaks Dr.	
CITY-ST-ZIP	Pace, FL 32571	
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		

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 F Reynolds

GLORIA F. REYNOLDS

7/13/00

(850)

4766296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-08-2000 90088 028 ****61.25

03-15-2000 90062 009 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3450249

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E037 (5/00)