2000 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2000 08:00 AM DOCUMENT # N9800002100 1. Entity Name **Secretary of State** THE NEW ACADEMY COMMUNITY LEARNING CENTER, INC. Principal Place of Business Mailing Address 441 MADEIRA AVENUE 441 MADEIRA AVENUE FL CORAL GABLES FL CORAL GABLES 33134 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0828324 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRELL 441 MADEIRA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES \mathbf{FL} 33134 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. 09/11/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE PRES X Addition NAME NAME FERRELL. JOHN STREET ADDRESS STPEET ADDRESS 441 MADEIRA AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL33134 TITLE ☐ Delete D ☐ Change XI Addition NAME NAME BEACH BENJAMIN STREET ADDRESS STREET ADDRESS 4299 NW 36TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI 33166 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME GOLDBERG SALLY PH.D STREET ADDRESS STREET ADDRESS 6819 SW 81ST ST CITY-ST-ZIP CITY-ST-ZIP MAIMI 33143 TITLE ☐ Delete TITLE XI Change ☐ Addition NAME MOORE JOHN ED.D MOORE JOHN ED.D STREET ADDRESS 441 MADEIRA AVENUE STREET ADDRESS 19400 SW 97 AVE. CITY-ST-ZIF CORAL GABLES 33134 CITY-ST-ZIP MIAMI 33157 TITLE ☐ Delete TID F Change ☐ Addition NAME GILBERTO JPH.D. CHEVAS NAR/F STREET ADDRESS SCHOOL OF EDUCATION, UNIVERSITY OF MIAMI STREET ADDRESS CITY-ST-ZIP CORAL GABLES CITY-ST-ZIP FL 33124 TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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^{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 suppliemental 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.