

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000002100****1. Entity Name**
THE NEW ACADEMY COMMUNITY LEARNING CENTER, INC.**Principal Place of Business**
441 MADEIRA AVENUE
CORAL GABLES FL 33134
Mailing Address
441 MADEIRA AVENUE
CORAL GABLES FL 33134**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
Zip **Country** **Zip** **Country**
4. FEI Number
65-0828324
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FERRELL JOHN P
441 MADEIRA AVENUE
CORAL GABLES FL 33134 US
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** **05/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.
Make Check Payable to Department of State**10. OFFICERS AND DIRECTORS**
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	BEACH BENJAMIN	4299 NW 36TH ST.	MIAMI FL 33166				
PRES	FERRELL JOHN P	441 MADEIRA AVENUE	CORAL GABLES FL 33134				
D	GOLDBERG SALLY PH.D	6819 SW 81ST ST	MAIMI FL 33143				
D	MOORE JOHN ED.D	19400 SW 97 AVE.	MIAMI FL 33157				
D	CUEVAS GILBERTO JPH.D	SCHOOL OF EDUCATION, UNIVERSITY OF MIAMI	CORAL GABLES FL 33124				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** John P. Ferrell **PRES** **05/20/2001**

CR2E037 (11/00)