

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002404

Entity Name

LEADERSHIP LEARNING ACADEMY OF POLK COUNTY, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90005 025 ****61.25

Principal Place of Business

3405 Winter Lake Road
 904 S MISSOURI AVE
 LAKELAND FL 33803

Mailing Address

3405 Winter Lake Road
 904 S MISSOURI AVE
 LAKELAND FL 33803

2. Principal Place of Business

3405 Winter Lake Road

3. Mailing Address

3405 Winter Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3524895

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE
 STE 3000
 MIAMI FL 33131

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DUNNE, PHILLIP G | |
| STREET ADDRESS | 1839 PINNACLE DRIVE | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRENSHAW, EDWARD | |
| STREET ADDRESS | 1429 OAKLAWN PLACE | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BERRYMAN, M. HUNT | |
| STREET ADDRESS | 3328 BRIDGEFIELD DRIVE | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REYNOLDS, GLENN | |
| STREET ADDRESS | PO BOX 391 | |
| CITY-ST-ZIP | BARTOW FL 33831 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TAYLOR, JOHN | |
| STREET ADDRESS | 730 DAVIDSON STREET | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIS, GEORGE | |
| STREET ADDRESS | 114 N. TENNESSEE AVENUE | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |

| | | |
|----------------|-----------------------|--|
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3075 Grasslands Drive | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | Vice Chairman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Chairman | <input checked="" 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 | | |
| 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:

Philip M. Billings
 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/00

Date

863/668-5442

Daytime Phone #

CR2E037 (5/00)

081400

2000 UNIFORM BUSINESS REPORT (UBR)

Document # **N98000002404**

Attachment
DOC. # N98000002404
DW78897

FEI Number **59-3524895**

Leadership Learning Academy of Polk County, Inc.

11. Continued ..

Title: President
Name: Dr. Shirli M. Billings
Street Address: 2405 Winter Lake Road
City-ST-ZIP: Lakeland, FL 33803

Title: Director
Name: Larry Durrence
Street Address: 999 Avenue H, NE
City-ST-ZIP: Winter Haven, FL 33881

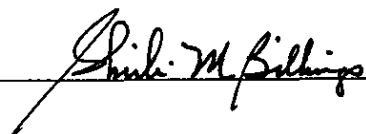
Title: Director
Name: C.J. English, III
Street Address: PO Box 391
City-ST-ZIP: Bartow, FL 33831-0391

Title: Director
Name: Leah Lauderdale
Street Address: PO Box 960
City-ST-ZIP: Bartow, FL 33831-0960

Title: Director
Name: Violeta Salud
Street Address: One West Central Avenue
City-ST-ZIP: Lake Wales, FL 33853

Title: Director
Name: Marcela Stanislaus
Street Address: 600 North Broadway Avenue
City-ST-ZIP: Bartow, FL 33831

SIGNATURE



08/09/00
Date

863/668-5442
Daytime Phone #

Miami, August 3, 2000

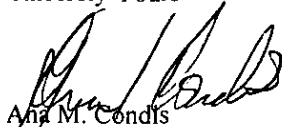
Attachment 081400
P99000110779
0078897

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, fl 32302-1500

To Whom It May Concern:

Please enclosed find a check of in the amount of \$150.00 dollars because the people of Med Depot Supply Inc did not receive the first form to paid the fees on time I hope you understand and accept the check in That amount and they don't have to paid the \$550.00 dollars.

Sincerely Yours


Ana M. Condis
Accountant