

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90333 050 ****61.25

DOCUMENT # N98000005663

1. Entity Name

FRANKLIN ACADEMY, INC.

Principal Place of Business

Mailing Address

1101 MISSIONWOOD LN.
 TALLAHASSEE FL 32304

1101 MISSIONWOOD LN.
 TALLAHASSEE FL 32304-1348

2. Principal Place of Business

3. Mailing Address

235 Columbia DR

1101 Missionwood Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FLA.

City & State

Tallahassee FLA

Zip

32304

Country

USA

Zip

32304

Country

United States

4. FEI Number

54-3448182
APPLIED FOR

Applied For

Not Applicable

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

FRANKLIN, MARGARET
 1101 MISSIONWOOD LN.
 TALLAHASSEE FL 32304

Name

Registered Agent

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

SAME

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

Margaret Franklin

4-28-00

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**

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	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, MARGARET	
STREET ADDRESS	1101 MISSIONWOOD LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOBBINS, ANTHONY	
STREET ADDRESS	1209 BENNETT ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, MYRNA	
STREET ADDRESS	MISSION HILLS, APT. 105	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLINS, BARBARA	
STREET ADDRESS	730 ROLLINS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, GLORIA	
STREET ADDRESS	P.O. BOX 205	
CITY-ST-ZIP	MIDWAY FL 33127	
TITLE		<input type="checkbox"/> Delete
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		
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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:

Margaret Franklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)