

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1198000006404

1. Entity Name

Sago Palm Educational Academy, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3411 N. 29th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Zip

33605

Country

Hillsborough

Zip

Country

5/1/01 DO NOT WRITE IN THIS SPACE 025-6125

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Derlyn Roberts
3411 N. 29th Street
Tampa, FL 33605

7. Name and Address of New Registered Agent

Name: Derlyn N. Allen
Street Address (P.O. Box Number is Not Acceptable):
3411 N. 29th Street
City: Tampa FL Zip Code: 33605

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

Derlyn Allen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE PD | PD | <input type="checkbox"/> Delete |
| NAME | Derlyn Allen | |
| STREET ADDRESS | 3411 N. 29th Street | |
| CITY-ST-ZIP | Tampa, Florida 33605 | |
| TITLE VP | VP | <input type="checkbox"/> Delete |
| NAME | Gwendolyn Green | |
| STREET ADDRESS | 1720 W. Carmen St. | |
| CITY-ST-ZIP | Tampa, Fla. 33606 | |
| TITLE SPTD | SPTD | <input type="checkbox"/> Delete |
| NAME | Cherylene Levy | |
| STREET ADDRESS | 4411 N. 29th Street | |
| CITY-ST-ZIP | Tampa, Florida 33605 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Derlyn Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/01

Date

(813) 212-0718

Daytime Phone #

CR2E034 (11/00)

11/28/01

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to Department of State: Sago Palm
Educational Academy, Inc. did not receive
a rejection letter from the state. Please
waive any penalty fees.

Devin Allen
3411 N. 29th Street
Tampa, Florida 33605
(813) 242-0918