

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006588

1. Entity Name

ABC, 123 ALTERNATIVE LEARNING ACADEMY, INC.

Principal Place of Business

Mailing Address

4024 WATCH HILL ROAD  
ORLANDO FL 32808

4024 WATCH HILL ROAD  
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3544875

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

EDY, FAYBELLE F DR  
4024 WATCH HILL ROAD  
ORLANDO FL 32808

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

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 DP  
NAME EADY, FAYBELLE F CHAIRMA  
STREET ADDRESS 4024 WATCH HILL ROAD  
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME GORDON, BETTY YATES CO-CHAI  
STREET ADDRESS 107 ALBRIGHTON DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME ALEXANDER, ALMEDA B  
STREET ADDRESS 3476 SUNNY VIEW CIRCLE  
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME ANDERSON, DOROTHY  
STREET ADDRESS 139 CLARK STREET  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MACK, GWENDOLYN M  
STREET ADDRESS 606 KATHERINE  
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CUMMING, LOUISSTEEN  
STREET ADDRESS 421 CAMPUS VIEW DRIVE  
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Original Signature Required*

4-12-02 (407)578-6006

FILED  
Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90028 015 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)