

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000006077**1. Entity Name  
YULEE CAREER INSTITUTE, INC.

Principal Place of Business 3501 TOWNSEND BLVD #141  JACKSONVILLE FL 32277	Mailing Address 3501 TOWNSEND BLVD #141  JACKSONVILLE FL 32277
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2. Principal Place of Business 3501 TOWNSEND BLVD  Suite, Apt. #, etc. 141	3. Mailing Address 3501 TOWNSEND BLVD  Suite, Apt. #, etc. 141
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32277	Country

4. FEI Number <b>59-3598232</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  YULEE JACQUELINE P 3501 TOWNSEND BLVD #141  JACKSONVILLE FL 32277	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 \_\_\_\_\_ DATE **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRELL JOSEPH A 3501 TOWNSEND BLVD, #141 JACKSONVILLE FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRELL JOSEPH A 3501 TOWNSEND BLVD, #141 JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRELL ANTHONY C 3501 TOWNSEND BLVD, #141 JACKSONVILLE FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRELL ANTHONY C 3501 TOWNSEND BLVD, #141 JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YULEE CHARLES W 212 W CHURCH AVENUE KILLEEN TX 76541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YULEE CHARLES W 404 ANNA AVENUE, #5 LIVE OAK FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YULEE JACQUELINE P 3501 TOWNSEND BLVD, #141 JACKSONVILLE FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YULEE JACQUELINE P 3501 TOWNSEND BLVD, #141 JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Jacqueline P. Yulee D 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)