

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90240 048 ****61.25

DOCUMENT # N99000006756

1. Entity Name

NEW SOCIETY ACADEMY, INC.

Principal Place of Business

Mailing Address

6665 SUNSET STRIP
 SUNRISE FL 33313

6665 SUNSET STRIP
 SUNRISE FL 33313-2851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6665 Sunset Strip

6665 Sunset Strip

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sunrise, Fla.

Zip

Country

Zip

Country

33313

Broward

33313

Broward

4. FEI Number

31-1677587

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

LAWRENCE, RUTH
 4511 NW 32ND CT.
 LAUDERDALE LAKES FL 33319

Name Ruth Lawrence

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

4511 N.W. 32 CT

Lauderdale Lake

City

FL

Zip Code

33319

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

on 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
 NAME LAWRENCE, RUTH
 STREET ADDRESS 4511 NW 32ND CT.
 CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE VD
 NAME LAWRENCE, JOHN
 STREET ADDRESS 4511 NW 32ND CT.
 CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE SD
 NAME SESSION, RACQUEL
 STREET ADDRESS 1810 NW 35TH AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

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

TITLE D
 NAME HAMILTON, ASHLEY JR
 STREET ADDRESS MEAD CIR.
 CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Ruth Lawrence President 4/28/2000

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