

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90045 015 ****61.25

DOCUMENT # N99000007651

1. Entity Name

MARCUS GARVEY ACADEMY, INC.

Principal Place of Business

**1245 18TH AVE SO
 ST PETERSBURG FL 33705**

Mailing Address

**1245 18TH AVE SO
 ST PETERSBURG FL 33705**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**CAMARA, AMINA
 1245 18TH AVE SO
 ST PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name **VERONICA WILLIAMS**

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

1245 18TH AVE. SO.

City **ST. PETERSBURG**

FL

Zip Code **33705**

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

TITLE **D** ☐ Delete

NAME **CAMARA, AMINA**
 STREET ADDRESS **1245 18TH AVE SO**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☐ Delete

NAME **KOKAYI, BABATUNDE**
 STREET ADDRESS **1245 18TH AVE SO**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☐ Delete

NAME **TUTHILL, DOUG**
 STREET ADDRESS **140 7TH AVE SO O**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **D** ☐ Delete

NAME **COLLINS, DON**
 STREET ADDRESS **1245 CENTRAL AVE**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ Delete

NAME **PETERMAN, PEGGY**
 STREET ADDRESS **1245 18TH AVE SO**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☐ Delete

NAME **FLOYD, VALERIE**
 STREET ADDRESS **1245 18TH AVE SO**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition

NAME **WILLIAMS, VERONICA**
 STREET ADDRESS **1245 18TH AVE. SO.**
 CITY-ST-ZIP **ST. PETERSBURG, FL. 33705**

TITLE **T** ☒ Change ☐ Addition

NAME **PERKINS, JAMIL**
 STREET ADDRESS **1245 18TH AVE. SO.**
 CITY-ST-ZIP **ST. PETERSBURG, FL. 33705**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☒ Change ☐ Addition

NAME **S FLOYD, VALERIE**
 STREET ADDRESS **1245 18TH AVE SO.**
 CITY-ST-ZIP **ST. PETERSBURG, FL. 33705**

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)