

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052811

1. Entity Name

MORGAN ACADEMY OF ARTS & ACADEMICS INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90021 014 \*\*\*150.00

0001785

Principal Place of Business

462 KINGSLEY AVE  
SUITE 201  
ORANGE PARK FL 32073  
US

Mailing Address

462 KINGSLEY AVE  
SUITE 201  
ORANGE PARK FL 32073  
US

2. Principal Place of Business

1536 Kingsley Ave.  
Suite, Apt. #, etc.  
#116

3. Mailing Address

1536 Kingsley Ave.  
Suite, Apt. #, etc.  
#116

City & State

Orange Park, FL  
Zip 32073 Country USA

City & State

Orange Park, FL  
Zip 32073 Country USA

4. FEI Number 59-3515036

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MORGAN, TAMMY L  
462 KINGSLEY AVE, SUITE 201  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

1536 Kingsley Ave. #116  
Orange Park, FL  
City FL Zip Code 32073

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

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 D  
NAME MORGAN, TAMMY L  
STREET ADDRESS 2623 COLD HARBOR CT  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)