

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99 0000 34606**  
 1. Entity Name- **LL And L ACADEMY Corporation**  
**3521 St. Johns Ave**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90038 031 \*\*\*163.75

Principal Place of Business **3521 St. Johns Ave**  
**Palatka, Fl. 32178-2691**  
 Mailing Address **P.O. Box 2691**  
**Palatka, Fl.**  
**32178-2691**

2. Principal Place of Business **3521 St. Johns Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Palatka FL**  
 Zip **32178-2691** Country **Putnam**

4. FEI Number **59-357-3000**  
 Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent  
**Spiegel + Utrera, P.A.**  
**343 Almeria Ave**  
**Coral Gables, Fl. 33134**

7. Name and Address of New Registered Agent  
 Name **Priscilla C. Jones**  
 Street Address (P.O. Box Number is Not Acceptable) **4505 Madison St**  
 City **Palatka** FL Zip Code **32177**

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 **Priscilla C. Jones CEO, Director** DATE **3.24.2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>Director</b> <input checked="" type="checkbox"/> Delete	
NAME	<b>Bertha J. Hughes</b>	
STREET ADDRESS	<b>707 North 18th Street</b>	
CITY-ST-ZIP	<b>Palatka, Fl.</b>	
TITLE	<b>Secretary</b> <input type="checkbox"/> Delete	
NAME	<b>Henry Calloway</b>	
STREET ADDRESS	<b>707 N. 18th Street</b>	
CITY-ST-ZIP	<b>Palatka, Fl. 32177</b>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>CEO + Secretary, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Priscilla C. Jones</b>	
STREET ADDRESS	<b>4505 Madison St</b>	
CITY-ST-ZIP		
TITLE	<b>P. Latresha S. Granger</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>4505 Madison St</b>	
STREET ADDRESS	<b>Palatka, Fl. 32177</b>	
CITY-ST-ZIP		
TITLE	<b>1st VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Bertha J. Hughes</b>	
STREET ADDRESS	<b>707 N. 18th St</b>	
CITY-ST-ZIP	<b>Palatka, Fl.</b>	
TITLE	<b>2nd VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Certie Laws</b>	
STREET ADDRESS	<b>3818 arrowhead Dr Wildwood Creek</b>	
CITY-ST-ZIP	<b>St. Augustine, Fl.</b>	
TITLE	<b>Treasure</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Thelma M. Calloway</b>	
STREET ADDRESS	<b>707 N. 18th Street Palatka, Fl.</b>	
CITY-ST-ZIP		
TITLE	<b>Asst. Treasure</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Robin Johnson</b>	
STREET ADDRESS	<b>1314 Burgess Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, Fl.</b>	

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 like empowered.

SIGNATURE: **Priscilla C. Jones CEO** DATE **3.27.2000** DAYTIME PHONE # **904.325-8237**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)