

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90104 003 ****61.25

DOCUMENT # N96000002506

1. Entity Name

THE ACADEMY FOUNDATION, INC.

Principal Place of Business

**2301 22ND AVE S
ST PETERSBURG FL 33712
US**

Mailing Address

**2301 22ND AVE S
ST PETERSBURG FL 33712
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3377240**

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

**FORTUNE, JOAN A
2911 SUNSET WAY
ST. PETE BEACH FL 33706**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	FORTUNE, JOAN A	
STREET ADDRESS	2911 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	

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

TITLE	D	☐ Delete
NAME	FORTUNE, JEFFREY	
STREET ADDRESS	2911 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	

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

TITLE	D	☐ Delete
NAME	EHRlich, CHARLES W	
STREET ADDRESS	4699 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETE BEACH FL 33713	

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

TITLE	D	☐ Delete
NAME	ANDERS, BARBARA	
STREET ADDRESS	1841 ALMERIA WAY SOUTH	
CITY-ST-ZIP	ST. PETE BEACH FL 33712	

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

TITLE	D	☐ Delete
NAME	ANDERS, ROBERT L	
STREET ADDRESS	1841 ALMERIA WAY SOUTH	
CITY-ST-ZIP	ST. PETE BEACH FL 33712	

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)