

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000036565

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ACADEMY MANAGEMENT GROUP, INC.

Current Principal Place of Business:

PO BOX 93565
LAKELAND, FL 338043565

New Principal Place of Business:

PO BOX 92565
LAKELAND, FL 338043256

Current Mailing Address:

PO BOX 93565
LAKELAND, FL 338043565

New Mailing Address:

PO BOX 92565
LAKELAND, FL 338042565

FEI Number: 59-3640894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVORE, WILLIAM D
537 HUNTER ST.
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WISNESKI, SHARON
Address: 5019 CAMBRY LANE
City-St-Zip: LAKELAND, FL 33805

Title: VST () Delete
Name: DEVORE, WILLIAM D
Address: 537 HUNTER STREET
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WISNESKI, SHARON
Address: 4404 SUGARTREE DRIVE E
City-St-Zip: LAKELAND, FL 33803

Title: VST (X) Change () Addition
Name: DEVORE, WILLIAM D
Address: 537 HUNTER STREET
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON WISNESKI

P

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date