

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000036565

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: ACADEMY MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

PO BOX 92565  
LAKELAND, FL 338043256

**New Principal Place of Business:**

PO BOX 6054  
LAKELAND, FL 338076054

**Current Mailing Address:**

PO BOX 92565  
LAKELAND, FL 338042565

**New Mailing Address:**

PO BOX 6054  
LAKELAND, FL 338076054

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WISNESKI, SHARON  
Address: 4404 SUGARTREE DRIVE E  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date