

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L51711

1. Entity Name

ACADEMY SYSTEMS OF AMERICA, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90014 013 ***150.00

Principal Place of Business

Mailing Address

1001 ATLANTIC BLVD
JACKSONVILLE FL 32207

C/O PATRICIA L. SHEPHERD
P.O. BOX 47796
JACKSONVILLE FL 32247-7796

2. Principal Place of Business

3085 S. Ponte Vedra Blvd
Suite, Apt. #, etc.

3. Mailing Address

3085 S. Ponte Vedra Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Bch, FL
Zip
32082
Country
ST Johns

City & State
Ponte Vedra Bch, FL
Zip
32082
Country
ST Johns

4. FEI Number 59-3028955

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

MCMURRY, JIM
4435 EMERSON ST
JACKSONVILLE FL 32207

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

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|---------------------|-----------------|---------------------------------|
| | DP | | | |
| | SHEPHERD, PATRICIA L. | 3213 CORVETTE PLACE | JACKSONVILLE FL | |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)