

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000830

1. Entity Name

ACADMEY PREP CENTER OF MANATEE, INC.

Principal Place of Business

2301 22ND AVE. S.
ST. PETERSBURG FL 33712

Mailing Address

2301 22ND AVE. S.
ST. PETERSBURG FL 33712

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

EHRlich, CHARLES W
4699 CENTRAL AVE.
ST. PETERSBURG FL 33713

4. FEL Number

59-3623003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
FORTUNE, JEFFREY L
2911 SUNSET WAY
ST. PETE BEACH FL 33706

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
EHRlich, CHARLES W
4699 CENTRAL AVE.
ST. PETERSBURG FL 33713

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90104 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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