

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-03-2002 90041 023 ****61.25

DOCUMENT # N00000000830

1. Entity Name

ACADEMY PREP CENTER OF MANATEE, INC.

Principal Place of Business

Mailing Address

**2301 22ND AVENUE SOUTH
 SAINT PETERSBURG FL 33712**

**2301 22ND AVENUE SOUTH
 SAINT PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33747-0512

US.

4. FEI Number

59-3623003

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

**EHRlich, CHARLES W
 4699 CENTRAL AVENUE
 SAINT PETERSBURG FL 33713**

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, JEFFREY L**
 STREET ADDRESS **2911 SUNSET WAY**
 CITY-ST-ZIP **ST. PETE BEACH FL 33708**

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

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 **EHRlich, CHARLES W**
 STREET ADDRESS **4699 CENTRAL AVE.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Andrews, Sheryl**
 STREET ADDRESS **749 59th Avenue**
 CITY-ST-ZIP **St Pete Beach, FL 33706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-18-02

Date

727-866-1443

Daytime Phone #

CR2037 (9/01)