

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000831

1. Entity Name

ACADEMY PREP CENTER OF CLEARWATER, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90083 002 ****61.25

0062133

Principal Place of Business

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

Mailing Address

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

00004800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3622974

Applied For

Not Applicable

Zip

Country

Zip

Country

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 AVE.
ST. 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

T
NAME FORTUNE, JEFFREY L
STREET ADDRESS 2911 SUNSET WAY
CITY-ST-ZIP ST. PETE BEACH FL 33706 ☐ Delete

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

T
NAME FORTUNE, JOAN A
STREET ADDRESS 2911 SUNSET WAY
CITY-ST-ZIP ST. PETE BEACH FL 33706 ☐ Delete

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

T
NAME EHRlich, CHARLES W
STREET ADDRESS 4699 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

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

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 full order like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2001

727-321-4700

Date

Daytime Phone #

CR2E037 (10/00)