

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90016 034 \*\*\*\*61.25

**DOCUMENT # N00000000831**

1. Entity Name

**ACADEMY PREP CENTER OF CLEARWATER, INC.**



Principal Place of Business

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

Mailing Address

**PO BOX 530512  
ST. PETERSBURG FL 33747-0512**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3622974**

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 AVE.  
ST. PETERSBURG FL 33713**

Name

**Janet D. Herron**

Street Address (P.O. Box Number is Not Acceptable)

**1315 Pelican Creek Crossing**

City

**ST. Petersburg**

FL

Zip Code

**33707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Janet D. Herron**

Signature, typed or printed name of registered agent and title if applicable.

**Janet D. Herron**

(NOTE: Registered Agent signature required when reinstating)

**02/03/04**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | T                                | <input type="checkbox"/> Delete            |
| NAME           | <b>FORTUNE, JEFFREY L</b>        |  |
| STREET ADDRESS | <b>2911 SUNSET WAY</b>           |  |
| CITY-ST-ZIP    | <b>ST. PETE BEACH FL 33706</b>   |  |
| TITLE          | T                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>EHRlich, CHARLES W</b>        |  |
| STREET ADDRESS | <b>4699 CENTRAL AVE.</b>         |  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33713</b>   |  |
| TITLE          | T                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ANDREWS, SHERYL H</b>         |  |
| STREET ADDRESS | <b>749 59TH AVE.</b>             |  |
| CITY-ST-ZIP    | <b>SAINT PETERSBURG FL 33706</b> |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          |                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Janet D. Herron</b>             |  |
| STREET ADDRESS | <b>1315 Pelican Creek Crossing</b> |  |
| CITY-ST-ZIP    | <b>ST. Petersburg, FL 33707</b>    |  |
| TITLE          | T                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Thomas Sansone</b>              |  |
| STREET ADDRESS | <b>16900 Gulf Blvd.</b>            |  |
| CITY-ST-ZIP    | <b>Redington Beach, FL 33707</b>   |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**02/03/04**

**727 322-0800**

CR2E037 (10/02)