

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90119 032 ****61.25

DOCUMENT # N01000002363

1. Entity Name

ACADEMIC SUCCESS, INC.



Principal Place of Business

**4232 NW 75TH ST
GAINESVILLE FL 32653**

Mailing Address

**4232 NW 75TH ST
GAINESVILLE FL 32653**

2. Principal Place of Business

5200 NW 43RD STREET

3. Mailing Address

5200 NW 43RD STREET

Suite, Apt. #, etc.

Suite 102-383

Suite, Apt. #, etc.

Suite 102-383

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32606

Country

UNITED STATES

Zip

32606

Country

UNITED STATES

6. Name and Address of Current Registered Agent

**GIBBONS, PATRICK G
4232 NW 75TH ST
GAINESVILLE FL 32653**

4. FEI Number **59-3708708**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBBONS, PATRICK G	
STREET ADDRESS	4232 N.W. 75TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ENGLISH, ARLENE	
STREET ADDRESS	4459 N.W. 216TH LANE	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	C	<input type="checkbox"/> Delete
NAME	ACHTERHOF, JAMES	
STREET ADDRESS	3909 WILCOXSON DRIVE	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINONES, CAROLYN S	
STREET ADDRESS	4018 NW 22 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Michael Curry, CPA	
STREET ADDRESS	3000 NW 83RD STREET	
CITY-ST-ZIP	Gainesville, Florida 32606	
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		
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: **Patrick Gibbons, Director**

4/18/03

800-956-8966

CR2E037 (10/02)