

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90351 011 \*\*\*\*70.00

**DOCUMENT # N01000005311**

1. Entity Name

**ACADEMIC INSTITUTE OF DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

PO BOX 58133  
 JACKSONVILLE FL 32241

PO BOX 58133  
 JACKSONVILLE FL 32241

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

**35-1920673**

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

**RANKINS, MARIA**

**8787 SOUTHSIDE BLVD., #2810**  
**JACKSONVILLE FL 32256**

Name

**MARIA RANKINS**

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

**3455 DOCKSIDER DRIVE SOUTH**

City

**JACKSONVILLE**

FL

Zip Code

**32257**

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

*Maria Rankins*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**February 15, 2002**

**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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME **PRESIDENT (T)**  
 STREET ADDRESS **MARIA RANKINS**  
 CITY-ST-ZIP **3455 DOCKSIDER DRIVE SOUTH**  
**JACKSONVILLE, FL. 32257**

TITLE ☒ Change ☐ Addition  
 NAME **TREASURER (T)**  
 STREET ADDRESS **GLORIA RANKINS**  
 CITY-ST-ZIP **3455 DOCKSIDER DRIVE SOUTH**  
**JACKSONVILLE, FL. 32257**

TITLE ☒ Change ☐ Addition  
 NAME **SECRETARY (D)**  
 STREET ADDRESS **CHRISTINA WAARTON**  
 CITY-ST-ZIP **3455 DOCKSIDER DRIVE SOUTH**  
**JACKSONVILLE, FL. 32257**

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

TITLE ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

*Maria Rankins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**February 15, 2002**

Date

Daytime Phone #

CR2E037 (9/01)