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

## Mar 31, 2003 8:00 am **Secretary of State** DOCUMENT # N0100006602 03-31-2003 90298 020 \*\*\*\*70.00 ATHLETES AND ACADEMICS, INC. Mailing Address Principal Place of Business 2829 PEMBROKE ROAD 2829 PEMBROKE ROAD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 Carrier San San Asia 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number NOT APPLICABLE City & State 16-1653704 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENS, PATRICIA S Street Address (P.O. Box Number is Not Acceptable) 730 NORTH RAINBOW DRIVE HOLLYWOOD FL 33021 City 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 3-24-03 SIGNATURE بالتصاف فيلزونه يحا ببحاء تباعه 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Addition ☐ Change TITLE TITLE STEVENS, PATRICIA S NAME NAME 730 NORTH RAINBOW DR STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLÈ ☐ Change ☐ Addition TUCKER, GLENDON R NAME NAME 705 NW 5TH STREET STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ALLEN, MARY A NAME 565 WEST DAYTON CIRCLE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete - Change -- - Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-70 ☐ Delete Addition TITLE TITLE Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY: ST-ZIP 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

**FILED** 

Event-Prosident 3-24-03 SIGNATURE:

changed, or on an attachmen with an address, with all other like empowered.