

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

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90165 026 \*\*\*\*61.25

0044530

**DOCUMENT # N02000009033**

1. Entity Name.

**INSTITUTE OF ACADEMIC MASTERY, INC.**



Principal Place of Business

**10950 N. 56TH ST.  
TAMPA FL 33617**

Mailing Address

**10950 N. 56TH ST.  
TAMPA FL 33617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

**32-0045124**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUHART, CLEMENTINE H  
10950 N. 56TH ST.  
TAMPA FL 33617**

-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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **DUHART, CLEMENTINE H**  
STREET ADDRESS **P.O. BOX 291548**  
CITY-ST-ZIP **TAMPA FL 33687**

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

TITLE **D** ☐ Delete  
NAME **PRICE, EVELYN L**  
STREET ADDRESS **3720 MCBERRY ST.**  
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE **CD** ☐ Delete  
NAME **GRANVILLE, CASSANDRA**  
STREET ADDRESS **3117 BENT CREEK DR.**  
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **D** ☐ Delete  
NAME **DOUGLAS, KAYDELL W**  
STREET ADDRESS **11431 GLENMONT DR.**  
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **D** ☐ Delete  
NAME **SPEARMAN, BEATRICE W**  
STREET ADDRESS **2420 E. EMMA ST.**  
CITY-ST-ZIP **TAMPA FL 33610**

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

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

*Clementine H. Duhart*

*4/16/03*

CR2E037 (10/02)

**David McQuay, Jr., CPA, P. A.**

Attachment 80116375  
DO# N02000009033

110 N. Lincoln Ave.  
Tampa, Florida 33609-2908  
Phone: (813) 876-2170  
Fax: (813) 877-7300

May 5, 2003

In reply to: N02000009033

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

**Subject: Request for Abatement of Penalty**

I respectfully request abatement of the Penalty for the late filing of 2003 Uniform Business Report for Institute of Academic Mastery, Inc.

This is the initial filing for the company.

Because of miscommunications between the owner and accountant, we failed to file the report timely.

As a result, we respectfully request abatement of the penalty and wish to assure you that all future reports will be will timely.

Respectfully Submitted.

David McQuay, Jr.

David McQuay, Jr., CPA

cc: Clementine H. Durhart

Institute of Academic Mastery, Inc..

Encl: Check #2028 for \$61.25