

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28479

1. Entity Name  
**ACADEMIC EXCELLENCE FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**5120 MENDENHALL DR** **5120 MENDENHALL DR**  
**TAMPA FL 33603** **TAMPA FL 33603**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90001 019 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0079619** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CARLE, STEPHEN**  
**38410 NORTH AVENUE**  
**ZEPHYRHILLS FL 33540**

## 7. Name and Address of New Registered Agent

Name **Perry E. Woodard**  
Street Address (P.O. Box Number is Not Acceptable)  
**502 S. Fremont Ave., #1101**  
City **Tampa** FL Zip Code **33606**

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 **Perry E. Woodard**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/27/01**

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VT</b><br><b>BAINES, GARY A.</b><br><b>3222 AZEELE STREET</b><br><b>TAMPA FL</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PT</b><br><b>CONNER, DOUGLAS B</b><br><b>4906 ST CROIX DR</b><br><b>TAMPA FL</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>SCHEUERLE, WILLIAM PH.D.</b><br><b>18412 TIMBERLAN DR</b><br><b>LUTZ FL</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CARLE, STEPHEN D.</b><br><b>12 JUSTAMERE LANE</b><br><b>DADE CITY FL</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TT</b><br><b>GOETSCHUS, HERB</b><br><b>4117 SALTWATER BLVD.</b><br><b>TAMPA FL</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR</b><br><b>LIGGETT, ALEXANDER</b><br><b>4807 BAYSHORE BLVD. #C1</b><br><b>TAMPA FL</b> | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>WOOTTEN, JANET</b><br><b>5618 Glencrest Blvd.</b><br><b>Tampa, FL</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TT</b><br><b>CONNER, DOUGLAS B</b><br><b>4609 St. Croix Dr.</b><br><b>Tampa, FL</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VT</b><br><b>SCHEUERLE, WILLIAM PH.D.</b><br><b>18412 Timberlan Dr.</b><br><b>Lutz, FL</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>ERHARDT, BRUCE</b><br><b>3904 Kenwood Ave.</b><br><b>Tampa, FL</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PT</b><br><b>GOETCHIUS, HERB</b><br><b>4117 Saltwater Blvd</b><br><b>Tampa, FL</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

8-27-01

CR2E037 (5/01)