

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90062 023 \*\*\*\*61.25

**DOCUMENT # N48093**  
 1. Entity Name  
**ACADEMY OF ENTREPRENEURSHIP, INC.**

Principal Place of Business 1800 HWY. U.S.1 VERO BEACH FL 32960	Mailing Address 1800 HWY. U.S. 1 VERO BEACH FL 32960 US
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011460



DO NOT WRITE IN THIS SPACE

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 <b>59-3117743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**PREST, JOHN**  
**906 HOLOMA DRIVE**  
**VERO BEACH FL 32963**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>FARRAR, TILNEY</b>
STREET ADDRESS	<b>1515 ORCHID DR</b>
CITY-ST-ZIP	<b>VERO BCH. FL 32960</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>FILEY, RANDY</b>
STREET ADDRESS	<b>1717 INDIAN RIVER BLVD</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROGERS, MARILYN</b>
STREET ADDRESS	<b>64 WOODLAND DRIVE #102</b>
CITY-ST-ZIP	<b>VERO BCH. FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WAINWRIGHT, ANDY</b>
STREET ADDRESS	<b>325 GREYTWIG ROAD</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, WILLIAM</b>
STREET ADDRESS	<b>5797 MAGNOLIA LANE</b>
CITY-ST-ZIP	<b>VERO BCH. FL 32960</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: WAINWRIGHT, ANDY 2-17-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)