

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N48093**

1. Entity Name

ACADEMY OF ENTREPRENEURSHIP, INC.**FILED**
Feb 28, 2000 8:00 am
Secretary of State

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

Principal Place of Business

Mailing Address

1800 HWY. U.S.1
VERO BEACH FL 329601800 HWY. U.S. 1
VERO BEACH FL 32960
US

011440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3117743

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PREST, JOHN
906 HOLOMA DRIVE
VERO BEACH FL 32963

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
C			
FARRAR, TILNEY			
1515 ORCHID DR			
VERO BCH. FL 32960			
T			
FILEY, RANDY			
1717 INDIAN RIVER BLVD			
VERO BEACH FL 32960			
D			
ROGERS, MARILYN			
64 WOODLAND DRIVE #102			
VERO BCH. FL			
D			
WAINWRIGHT, ANDY			
325 GREYTWIG ROAD			
VERO BEACH FL 32960			
S			
JOHNSON, WILLIAM			
5797 MAGNOLIA LANE			
VERO BCH. FL 32960			

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)