

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90233 049 ****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

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

59-3117743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREST, JOHN
906 HOLOMA DRIVE
VERO BEACH FL 32963

Name

MARILYN ROGERS

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

65 WOODLAND DRIVE, #102

City

VERO BEACH

FL

Zip Code

32962

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 **MARILYN ROGERS**

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

Wainwright

(NOTE: Registered Agent signature required when reinstating)

2-2-01

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **C FARRAR, TILNEY**
 STREET ADDRESS **1515 ORCHID DR**
 CITY-ST-ZIP **VERO BCH. FL 32960**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T FILEY, RANDY**
 STREET ADDRESS **1717 INDIAN RIVER BLVD**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE Change Addition
 NAME **RILEY, RANDY**
 STREET ADDRESS **1717 INDIAN RIVER BLVD.**
 CITY-ST-ZIP **VERO BEACH, FL. 32960**

TITLE Delete
 NAME **D ROGERS, MARILYN**
 STREET ADDRESS **64 WOODLAND DRIVE #102**
 CITY-ST-ZIP **VERO BCH. FL**

TITLE Change Addition
 NAME **LINDSEY GARY**
 STREET ADDRESS **1015 48 TERRACE**
 CITY-ST-ZIP **VERO BEACH, FL. 32966**

TITLE Delete
 NAME **D WAINWRIGHT, ANDY**
 STREET ADDRESS **325 GREYTWIG ROAD**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE Change Addition
 NAME **WAINWRIGHT, ANDY**
 STREET ADDRESS **130 N. WHITE TOWER ST.**
 CITY-ST-ZIP **INDIAN RIVER SHORES, FL. 32963**

TITLE Delete
 NAME **S JOHNSON, WILLIAM**
 STREET ADDRESS **5797 MAGNOLIA LANE**
 CITY-ST-ZIP **VERO BCH. FL 32960**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

Date

(561) 770-2665

Daytime Phone #

CR2E037 (10/00)