

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000730

1. Entity Name

THE ACADEMY RESEARCH & DEVELOPMENT FOUNDATION, I

Principal Place of Business

Mailing Address

3131 FLIGHTLINE DRIVE
LAKELAND FL 33811

3131 FLIGHTLINE DRIVE
LAKELAND FL 33811-2843

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 **65-0915531**
APPLIED FOR

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

AITKENHEAD, WM A
3131 FLIGHTLINE DRIVE
LAKELAND FL 33811

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	AITKENHEAD, WILLIAM N	
STREET ADDRESS	3131 FLIGHTLINE DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCSOLEY, ANNE E	
STREET ADDRESS	3131 FLIGHTLINE DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TREPPER, FRED C	
STREET ADDRESS	3131 FLIGHTLINE DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

REINSTATEMENT N. AITKENHEAD 4 JAN 00 6482004
863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90140 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)