

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90003 014 \*\*\*\*61.25

670738



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N98000000730**

1. Entity Name  
**THE ACADEMY RESEARCH & DEVELOPMENT FOUNDATION, I**

Principal Place of Business      Mailing Address

3131 FLIGHTLINE DRIVE      3131 FLIGHTLINE DRIVE  
 LAKELAND FL 33811      LAKELAND FL 33811

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  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AITKENHEAD, WM A**  
**3131 FLIGHTLINE DRIVE**  
**LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name  
**Wm. N. Aitkenhead**

Street Address (P.O. Box Number is Not Acceptable)  
**3131 Flightline Drive**

City      State      Zip Code  
**Lakeland      FL      33811**

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 **Wm. N. Aitkenhead**      01/03/01  
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  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

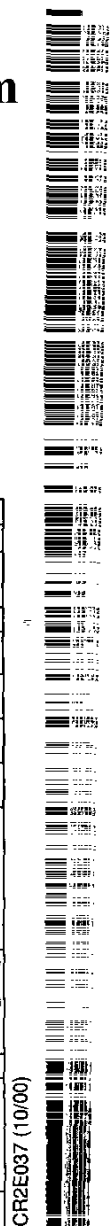
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AITKENHEAD, WILLIAM N 3131 FLIGHTLINE DR LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCSOLEY, ANNE E 3131 FLIGHTLINE DR LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TREPPER, FRED C 3131 FLIGHTLINE DR LAKELAND FL 33811	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 lines empowered.

SIGNATURE: **Wm. N. Aitkenhead**      01/03/01      863-648-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



CR2E037 (10/00)