

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90220 040 ***150.00

DOCUMENT # P01000023090

1. Entity Name

THE ACADEMY OF TAMPA, INC.

Principal Place of Business

3138 COMMODORE PLAZA

SUITE 7

COCONUT GROVE FL 33133

Mailing Address

3138 COMMODORE PLAZA

SUITE 7

COCONUT GROVE FL 33133

2. Principal Place of Business

15600 Powercat Blvd

Suite, Apt. #, etc.

#102

City & State

Clearwater, Fla.

Zip **33760**

Country

USA

3. Mailing Address

P.O. Box 231044

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip **33233**

Country

U.S.A.

4. FEI Number

65-1084501

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STEELE, JOHN JR.	
STREET ADDRESS	3138 COMMODORE PLAZA #7	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOUTH, SCOTT M	
STREET ADDRESS	3801 SOUTH OCEAN DRIVE #12-0	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STEELE, JOHN JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 SOUTH DIXIE HWY	
STREET ADDRESS	COCONUT GROVE, FLA. 33133	
CITY-ST-ZIP		
TITLE	SOUTH, SCOTT M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 SOUTH DIXIE HWY	
STREET ADDRESS	COCONUT GROVE, FLA. 33133	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)