

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-13-2003 90357 049 ***150.00

DOCUMENT # P02000021637

1. Entity Name
THE ACADEMY OF JACKSONVILLE, INC.



Principal Place of Business
3100 SOUTH DIXIE HIGHWAY
MIAMI FL 33133

Mailing Address
3100 SOUTH DIXIE HIGHWAY
MIAMI FL 33133

55004521



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

01-0652658

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEELE, JOHN JR.
3100 SOUTH DIXIE HIGHWAY
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, JOHN JR. 3100 SOUTH DIXIE HIGHWAY MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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 607, 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:

SIGNATURE REQUIRED

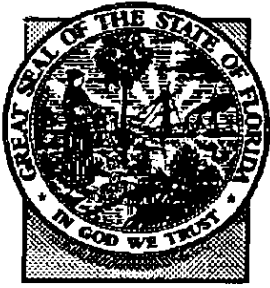
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2002

Date

Daytime Phone #

CR2E034 (10/02)



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

December 17, 2002

Attachment
55004521
P02000021637

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee, Florida 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: 0210-55493 / RG

ACADEMY
3100 S DIXIE HWY 1ST FL
MIAMI, FL 33133

Subject: THOMAS J LOCKHART

Dear Sir or Madam:

The Division of Consumer Services has closed the above-referenced complaint as having been unsatisfactorily resolved, since you have chosen not to respond to two written requests from our office regarding this matter.

Please be aware that consumer complaints filed with our Division, business complaint histories, and complaint disposition statistics are public records. This information is available to consumers, better business bureaus, chambers of commerce, and other interested parties via our consumer hotline, email and/or written inquiries, and telephone.

Sincerely,

Ronnie Greenman

Ronnie Greenman
Regulatory Specialist III
850-410-3711 / 1-800-435-7352 (Florida Only)
E-mail: greenmr@doacs.state.fl.us