

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070861

1. Entity Name

ACADEMY PUBLISHING, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90029 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1020 S. ORANGE AVE  
ORLANDO FL 32803

1020 S. ORANGE AVE  
ORLANDO FL 32806-1225

2. Principal Place of Business

210 S. SEMORAN BLVD.

3. Mailing Address

210 S. SEMORAN BLVD

Suite, Apt. #, etc.

ORLANDO FL

Suite, Apt. #, etc.

ORLANDO FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3269696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

32807

Country

USA

Zip

32807

Country

USA

6. Name and Address of Current Registered Agent

KIRCHER, AMY  
ACADEMY PUBLISHING INC  
1020 S. ORANGE AVE  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

KIRCHER, AMY

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

210 S. SEMORAN BLVD.

City

ORLANDO

FL

Zip Code

32812

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

*Amy Kircher*

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

(NOTE: Registered Agent signature required when reinstating)

4/3/00

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, 2000 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 DP ☐ Delete  
NAME KIRCHER, AMY  
STREET ADDRESS 1020 S. ORANGE AVE 210 S. SEMORAN BLVD  
CITY-ST-ZIP ORLANDO FL 32806 ORLANDO FL 32807

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Amy Kircher* AMY KIRCHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

407-736-0100

Daytime Phone #

CR2E034 (9/99)