

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90027 010 ***158.75

DOCUMENT # P97000061929

1. Entity Name
ACADEMY 2000, INC.

Principal Place of Business
**624 BETHUNE DRIVE
 ORLANDO FL 32805**

Mailing Address
**7648 TELFORD CT
 ORLANDO FL 32818
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3462366

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RISPER, JOHN C.
 7648 TELFORD CT
 ORLANDO FL 32818**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---------------------------------|
| TITLE NAME | P RISPER, BEVERLY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7648 TELFORD COURT | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| TITLE NAME | V RISPER, JOHN C. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7648 TELFORD COURT | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| TITLE NAME | S FORMOR, PAMELA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7649 TELFORD COURT | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| TITLE NAME | T EVANS, CHRISTINE V. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2017 LIVINGSTON STREET | |
| CITY-ST-ZIP | ORLANDO FL 32805 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
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| 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: John C. Risper **JOHN C. Risper** 3/30/02 (407) 298-5049
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)