

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90985 039 ****61.25

DOCUMENT # 762512



1. Entity Name
HOMER HOYT ADVANCED STUDIES INSTITUTE, INC.

Principal Place of Business Mailing Address
THE HOYT CENTER #300 THE HOYT CENTER #300
760 U.S. HWY. ONE 760 U.S. HWY. ONE
N. PALM BEACH FL 33408 N. PALM BEACH FL 33408

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 **52-1263342** 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

SELDIN, MAURY
THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BCH FL 33408

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, JEFFREY D	
STREET ADDRESS	3310 GOSPORT CT	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	SELDIN, MAURY	
STREET ADDRESS	370 DATE PALM COURT, NE.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SMITH, HALBERT	
STREET ADDRESS	432 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	RACSTER, RONALD	
STREET ADDRESS	1441C CLIFF COURT	
CITY-ST-ZIP	COLUMBUS OH 43204	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDELL, KERRY	
STREET ADDRESS	3301 TOPPING RD	
CITY-ST-ZIP	MADISON WI	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DONOHUE, RON M	
STREET ADDRESS	6372 143RD ST	
CITY-ST-ZIP	PALM BEACH FL 33418	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman G. Miller	
STREET ADDRESS	5740 Eaglesridge Lane	
CITY-ST-ZIP	Cincinnati, OH 45230	
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		

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 like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **M. Donohue** 4/2/03 561-694-7621

CR2E037 (10/02)