

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90126 009 \*\*\*\*61.25

**DOCUMENT # F00000004069**

1. Entity Name

**EXPEDITIONARY LEARNING OUTWARD BOUND, INC.**

Principal Place of Business

100 MYSTERY POINT ROAD  
 GARRISON NY 10524-9757

Mailing Address

100 MYSTERY POINT ROAD  
 GARRISON NY 10524-9757



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 **06-1576405**

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

**NRAI SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLOUGH, GRUFFIE</b> <b>1003 MILWAUKEE STREET</b> <b>DENVER CO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Klingenstein, Lee</b> <b>31 Oxford Road</b> <b>Scarsdale, NY 10583</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FARRELL, GREG</b> <b>100 MYSTERY POINT ROAD</b> <b>GARRISON NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Melly, L. Thomas</b> <b>25 Meadowcroft Lane</b> <b>Greenwich, CT 06830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>FRANCY, PATRICIA</b> <b>2910 BROADWAY</b> <b>NEW YORK NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Miner, Joshua</b> <b>42 School Street</b> <b>Andover, MA 01810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANCHOT, DOUG</b> <b>1550 UTICA AVE SOUTH, STE 425</b> <b>MINNEAPOLIS MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Roberts, John</b> <b>161 West 54th Street</b> <b>New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GABLE, ROBERT</b> <b>7 CONTINENTAL BLVD</b> <b>MERRIMACK NH</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rubacha, Frances</b> <b>239 Central Park West</b> <b>New York, NY 10024</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GROSSMAN, ALLEN</b> <b>439 MORGAN HALL</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Scott, Deborah</b> <b>Lord Creek Farm</b> <b>Route 156, Lord Hill, Lyme, CT 06371</b> <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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/8/01 Daytime Phone #: (845) 424-4600

CR2E037 (10/00)

Attachment  
C0008242  
ID# F00000004069

Block 10 continued

D  
Thomas, Brooks  
5 Tudor City Place, Apt. 2201  
New York, NY 10017

D  
Worden, Virginia  
114 Hobart Avenue  
Summit, NJ 07901