

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02995

1. Entity Name

AMERICAN MASSAGE THERAPY ASSOCIATION, INCORPORAT

Principal Place of Business

820 DAVIS ST
SUITE 100
EVANSTON IL 60201-4444

Mailing Address

820 DAVIS ST
SUITE 100
EVANSTON IL 60201-4444

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

62-0968813

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOON, MAUREEN PO BOX 1339 BOULDER CO 80306 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SPERGER, MARLYS 820 DAVIS EVANSTON IL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DONOHUE, PATRICIA 152 WELLWOOD AVENUE, #5 LINDENHURSTM NY 11757 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PPD BASCAYNE, ADELA 310 12TH AVE. EAST, #306 SEATTLE WA 98102 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIFFITH, BRENDA 10231 MAPLESTED LANE RICHMOND VA 23235 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BORRELLI, DENISE 52 FERNVIEW #10 NORTH ANDOVER RI 01845 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PPD Maureen Moon PO Box 1339 Boulder, CO 80306 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Steve Olson PO Box 350 Fargo, ND 58107-0350 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Carolyn Talley 200 Spring Meadow Road Simpsonville, SC 29680 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Robyn Wilson 920 NW 8th Avenue, Ste. B Gainesville, FL 32601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

847-864-0123

Daytime Phone #

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90190 034 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)