

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

1/31/01

Date

847-864-0123

Daytime Phone #

CR2E037 (10/00)