

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90244 016 ***150.00

DOCUMENT # P99000087093

1. Entity Name
THE AMERICAN SCHOOLS ONLINE, INC.

Principal Place of Business
1133 LOUISIANA AVE. STE. 200
WINTER PARK FL 32789

Mailing Address
1133 LOUISIANA AVE. STE. 200
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6189 WINTER GARDEN/VIA RAND RD
 Suite, Apt. #, etc.

3. Mailing Address
6189 WINTER GARDEN/VIA RAND RD
 Suite, Apt. #, etc.

City & State
WINDERMERE, FL

City & State
WINDERMERE, FL

4. FEI Number **59-3617603** Applied For
 Not Applicable

Zip Country
34786 ORANGE

Zip Country
34786 ORANGE

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

THE AMERICAN SCHOOLS CORPORATION
1133 LOUISIANA AVE. STE. 200
WINTER PARK FL 32789

Name
THE AMERICAN SCHOOLS CORP.

Street Address (P.O. Box Number is Not Acceptable)
6189 WINTER GARDEN/VIA RAND RD.

City
WINDERMERE FL Zip Code
34786

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

SIGNATURE _____ (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, 2001 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 T Manhire* 4/30/01 407-905-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)