

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761749

1. Entity Name

EDRUSS EDUCATIONAL SERVICES, INC.

Principal Place of Business

10350 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410-4216

Mailing Address

10350 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410-4216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #., etc.

Suite, Apt. #., etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BALLAGH, ROBERT M  
8749 WAKEFIELD DRIVE  
PALM BEACH GARDENS FL 33410

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          | PTD                  | <input type="checkbox"/> Delete |
| NAME           | BALLAGH, ROBERT M.   |                                 |
| STREET ADDRESS | 8749 WAKEFIELD DRIVE |                                 |
| CITY-ST-ZIP    | PALM BEACH GRDNS FL  |                                 |
| TITLE          | VSD                  | <input type="checkbox"/> Delete |
| NAME           | BALLAGH, MAUREEN A.  |                                 |
| STREET ADDRESS | 8749 WAKEFIELD DRIVE |                                 |
| CITY-ST-ZIP    | PALM BEACH GRDNS FL  |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | BROWN, THOMAS        |                                 |
| STREET ADDRESS | 4035 SABAL LAKES RD. |                                 |
| CITY-ST-ZIP    | DELRAY BCH. FL 33445 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. BALLAGH

1/5/2000 (561) 622-0401

Date

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90058 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2133567

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required