

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005965

1. Entity Name
EDUCATION NETWORKS OF AMERICA, INC.

Principal Place of Business

1101 MCGAVOCK ST
NASHVILLE TN 37203

Mailing Address

1101 MCGAVOCK ST
NASHVILLE TN 37203

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

62-1805864

Applied For

Not Applicable

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

NATIONAL REGISTERED AGENTS 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

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 PD ☐ Delete
NAME GRANIER, ALBERT F III
STREET ADDRESS 1101 MCGAVOCK ST
CITY-ST-ZIP NASHVILLE TN 37203

TITLE ☐ Change ☐ Addition
NAME Ganier, Albert F III
STREET ADDRESS (miss spelled)
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURCH, LUCIAS E III
STREET ADDRESS 102 WOODMONT BLVD SUITE 320
CITY-ST-ZIP NASHVILLE TN 37205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALEXANDER, LAMAR
STREET ADDRESS 3401 WEST END AVE STE 520
CITY-ST-ZIP NASHVILLE TN 37203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KANTER, DANIEL
STREET ADDRESS 225 W WASHINGTON STE 1650
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAPERTON, GOVERNOR GASTON
STREET ADDRESS 456 COLUMBUS AVE
CITY-ST-ZIP NEW YORK NY 10023-6992

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALSH, TOM
STREET ADDRESS 155 PINE BROOK BLVD
CITY-ST-ZIP NEW ROCHELLE NY 10804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

A. F. Ganier III CEO - Albert F. Ganier, III

Date

Daytime Phone

11-15-312-10000

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90039 004 ***150.00

953546



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)