

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90175 036 \*\*\*150.00

**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, 2002 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 **GANIER, ALBERT F III**  
 STREET ADDRESS **1101 MCGAVOCK ST**  
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/02*  
 Date

*615-312-6035*  
 Daytime Phone #

CR2E034 (9/01)