

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0647946 AT

DOCUMENT # F02000000496

1. Entity Name
ANTHONY & SYLVAN MANAGEMENT SERVICES CORP.



APPROVED
AND
FILED

03 SEP -9 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6690 BETA DRIVE, SUITE 300
MAYFIELD VILLAGE OH 44143

Mailing Address
6690 BETA DRIVE, SUITE 300
MAYFIELD VILLAGE OH 44143

[Handwritten signature]



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 34-1972499

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NEIDUS, STUART T
STREET ADDRESS 6690 BETA DRIVE, SUITE 300
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500022885585
09/09/03--01066--020 **\$50.00

TITLE VD
NAME EVANSON, WILLIAM J
STREET ADDRESS 6690 BETA DRIVE, SUITE 300
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 ☐ Delete

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

TITLE VSD
NAME DEGNAN, MARTIN J
STREET ADDRESS 6690 BETA DRIVE, SUITE 300
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 ☐ Delete

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

TITLE VT
NAME ILLES, MARTIN A
STREET ADDRESS 6690 BETA DRIVE, SUITE 300
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 607, 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: *[Handwritten signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03
Date

446-720-3301
Daytime Phone #

CR2E034 (10/02)