## 2001 UNIFORM BUSINESS REPORT (UBR) **D.SCUMENT # G80782** 1. Entity Name AMERICAN SOFTWARE CENTER, INC.

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

							04-23-200	1 90104 0	17 ***15	,0.00
Principal Plac	ce of Business	Mailing Address								
10713 S.W. 104 ST. MIAMI FL 33176		10713 S.W. 104 ST. MIAMI FL 33176								
						4 <b>460</b> .000 <b>600</b> 0	40011 00115 10001 2011	B III BIBI AIBI	I BIBII BIBII BI	411 91611 1481
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS S	SPACE	
City & State		City & State			4. F	El Number	59-237958	9		applied For
Zip	Country	Zip .	Cour	itry	. <b>5.</b> C	ertificate of	Status Desired		<b>\$8.75</b> Ad	iditional
	6. Name and Address of Current F	 Realstered Agent			7. N	ame and Ac	dress of New I		Fee Require	<b>3</b> 0
		iogrational rigativ		Name	7. 10	and and Ac	- Tule 33 OI (10 W )	icgistered A	geni	
GREGG, BRADLEY C. 7701 S.W. 132 PLACE				Street Address (P.O. Box Number is Not Acceptable)						
	/II FL 33183									
				City				FL	Zip Cod	 de
8. The above	named entity submits this statement for	the purpose of changing it	ts register	ed office or regis	stered age	nt, or both, i	in the State of FI	orida.		
SIGNATURE .										
SIGNATURE,	Signature, typed or printed name of registered agent ar	nd title if applicable. (NC	OTE: Registere	d Agent signature requ	uired when rein	stating)		DATE		
	oration is eligible to satisfy its Intangible	FILE NOW	VIII FEE	IS \$150.00		40 Floatic	on Campaign Fir	onnina.	<del></del>	20
	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta					on Campaign Fir Fund Contributio		\$5.0 Adde	00 May Be d to Fees
11.	OFFICERS AND D		12.	epartment of S		NITIONS (CU	ANGER TO OFF	ICEDS AND	DIRECTOR	C IN 11
TITLE	P OFFICERS AND L	Delete	TITLE	:	ADL	ITIONS/CH	ANGES TO OFF	ICERS AND	Change	Addition
NAME	GREGG, BRADLEY C.	L bolde	NAM						C Augusta	
STREET ADDRESS	7701 SW 132 PL		STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33183		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAM	€						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS			NAMI	ET ADDRESS						
CITY-ST-ZIP	and the second control of the second of the	The same of the same		ST-ZIP	-		. *			
TITLE		☐ Delete	TITLE						Change	- Addition
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STREET ADDRESS			4	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAME							
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
NAME			NAME					•		
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
13. I hereby c indicated of the corr	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower.	nis filing does not qualify for rue and accurate and that	or the exer my signati	nption stated in ture shall have the	Section 11 e same le	9.07(3)(i), F	lorida Statutes. I if made under d	further certitoath; that I are	y that the ir	nformation or director

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.