

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004464**

1. Entity Name

PROGRESSIVE SCHOOLS, INC.

Principal Place of Business

**742 ARAGON AVE NE
PALM BAY FL 32905**

Mailing Address

**742 ARAGON AVE NE
PALM BAY FL 32905**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-363 4988

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMIERI, TONY
742 ARAGON AVE NE
PALM BAY FL 32905**

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	PALMIERI, TONY	
STREET ADDRESS	742 ARAGON AVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	

TITLE	D	<input type="checkbox"/> Delete
NAME	VASUDEVAN, VASUMATHI	
STREET ADDRESS	738 CORONA AVE NW	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	D	<input type="checkbox"/> Delete
NAME	CYR, APRIL	
STREET ADDRESS	999 HOSBINE ST SE	
CITY-ST-ZIP	PALM BAY FL 32909	

TITLE	D	<input type="checkbox"/> Delete
NAME	NICKERSON, SCOTT	
STREET ADDRESS	651 ACACIA AVE	
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904	

TITLE	D	<input type="checkbox"/> Delete
NAME	DHARMAPREMANANDA AVT, ACARYA	
STREET ADDRESS	3157 COUNTY RD 1670	
CITY-ST-ZIP	WILLOW SPRINGS MO 65793	

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		

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STREET ADDRESS		
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CITY-ST-ZIP		

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/01**(321) 727-0880**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)