

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90195 031 \*\*\*\*70.00

DOCUMENT # N45379

1. Entity Name

After School Programs, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5700 Horizons Lane

3. Mailing Address

5700 Horizons Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Margate, FL.

City & State

Margate, FL.

4. FEI Number

65-0321678

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

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

Name

Alan Wolnek

Street Address (P.O. Box Number is Not Acceptable)

5700 Horizons Lane

City

Margate

FL

Zip Code

33063

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

Alan Wolnek

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Wolnek	
STREET ADDRESS	5700 Horizons Lane	
CITY-ST-ZIP	Margate, FL. 33063	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan Cohn	
STREET ADDRESS	5700 Horizons Lane	
CITY-ST-ZIP	Margate, FL. 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Civettini	
STREET ADDRESS	5700 Horizons Lane	
CITY-ST-ZIP	Margate, FL. 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Cutter	
STREET ADDRESS	5700 Horizons Lane	
CITY-ST-ZIP	Margate, FL. 33063	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(954) 970-6700

Daytime Phone #

CR2E037 (9/99)