

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000128

1. Entity Name

COMMISSION ON ADULT BASIC EDUCATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90206 020 \*\*\*\*61.25

Principal Place of Business

218 ANNIE STREET  
ORLANDO FL 32806

Mailing Address

218 ANNIE STREET  
ORLANDO FL 32806-1208

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

59-3164580

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

PUGH, IRBY G  
218 ANNIE ST  
ORLANDO FL 32806

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CLAIBORNE, SHERRIE  
STREET ADDRESS 220 SHELBY THOMSON LANE  
CITY-ST-ZIP HARROGATE TN 37752

TITLE PD ☒ Change ☐ Addition  
NAME Sabilia, Anthony F Jr  
STREET ADDRESS 15 Shirley Lane  
CITY-ST-ZIP New London CT 06320

TITLE VD ☐ Delete  
NAME SABILIA, ANTHONY F JR  
STREET ADDRESS 15 SHIRLEY LANE  
CITY-ST-ZIP NEW LONDON CT 06320

TITLE VD ☒ Change ☐ Addition  
NAME Claiborne, Sherrie  
STREET ADDRESS 220 Shelby Thomson Lane  
CITY-ST-ZIP Harrogate TN 37752

TITLE T ☐ Delete  
NAME ADY, LAURENCE I  
STREET ADDRESS 2495 TRENTWOOD BLVD.  
CITY-ST-ZIP BELLE ISLE FL 32812

TITLE TD ☐ Change ☒ Addition  
NAME Muldowney, Arthur T.  
STREET ADDRESS 235 A Front Street  
CITY-ST-ZIP New Haven CT 06513

TITLE S ☐ Delete  
NAME LAWSON, GAIL M  
STREET ADDRESS 31 MILL ROAD  
CITY-ST-ZIP FOSTER RI 02825

TITLE S ☐ Change ☐ Addition  
NAME Lawson, Gail M  
STREET ADDRESS 31 Mill Road  
CITY-ST-ZIP Foster RI 02825

TITLE D ☐ Delete  
NAME CAMPBELL, ALBERT  
STREET ADDRESS 8335 MOSS HILL ROAD  
CITY-ST-ZIP BRYAN TX 77808

TITLE CFOD ☒ Change ☐ Addition  
NAME Ady Laurence I.  
STREET ADDRESS 2495 Trentwood Blvd  
CITY-ST-ZIP Belle Isle FL 32812-4833

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

1/10/00

407 851-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)