

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90031 026 ****61.25

DOCUMENT # N92000000128

1. Entity Name

COMMISSION ON ADULT BASIC EDUCATION, INC.

Principal Place of Business

Mailing Address

**218 ANNIE STREET
ORLANDO FL 32806**

**218 ANNIE STREET
ORLANDO FL 32806
XXXX**

SEE CHANGE BELOW

2. Principal Place of Business

3. Mailing Address

PO Box 592053

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL 32859-2053

4. FEI Number

59-3164580

Applied For

Not Applicable

Zip

Country

Zip

Country

32859-2053

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

**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 **VD** ☐ Delete
NAME **CLAIBORNE, SHERRIE**
STREET ADDRESS **220 SHLEBY THOMPSON LANE**
CITY-ST-ZIP **HARROGATE TN 37752**

TITLE **PD** ☒ Change ☐ Addition
NAME **Claiborne, Sherrie**
STREET ADDRESS **220 Shleby Thompson Lane**
CITY-ST-ZIP **Harrogate TN 37752**

TITLE **PD** ☒ Delete
NAME **SABILLA, ANTHONY**
STREET ADDRESS **15 SHIRLEY LANE**
CITY-ST-ZIP **NEW LONDON CT 06320**

TITLE **S** ☐ Change ☒ Addition
NAME **Gagliardi, Dom**
STREET ADDRESS **3750 Mary Lane**
CITY-ST-ZIP **Escondido CA 92025**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Alexander, David**
STREET ADDRESS **125 West 5th Ave**
CITY-ST-ZIP **Anchorage AK 99501**

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

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

TITLE **D** ☒ Delete
NAME **MARTIN, RON**
STREET ADDRESS **1111 WCMS DR**
CITY-ST-ZIP **MC MINNVILLE TN 37110**

TITLE **D** ☐ Change ☒ Addition
NAME **Shefrin, Carol**
STREET ADDRESS **6395 SR 103 N Bldg 58**
CITY-ST-ZIP **Lewistown PA 17044**

TITLE **TD** ☐ Delete
NAME **MULDOWNEY, ARTHUR T**
STREET ADDRESS **235 A FRONT ST**
CITY-ST-ZIP **NEW HAVEN CT 06513**

TITLE **TD** ☒ Change ☐ Addition
NAME **Muldowney, Arther T**
STREET ADDRESS **62 Hemlock Dr**
CITY-ST-ZIP **Killingworth CT 06419**

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 I Ady

4/4/02

407 851-2715

CR2E037 (9/01)