

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000650

1. Entity Name

AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90019 048 ****70.00

Principal Place of Business

Mailing Address

THE BRAMHAM INSTITUTE
PALM BEACH GARDENS FL 33415
US

7100 - 39 FAIRWAY DR
#101A
PALM BCH GARDENS FL 33418
US

2. Principal Place of Business

3. Mailing Address

~~1014 N Olive~~
Suite, Apt. #, etc.
West Palm Beach Ave

7100 - 39 Fairway Dr.
Suite, Apt. #, etc.
PMB # 101A

City & State

City & State

Florida

palm beach gardens

Zip 33401

Country USA

Zip FL 33418

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

BRAMHAM, ANNE T
3355-1 PRESTWICK CIRCLE
PALM BEACH GARDENS FL 33418

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

S. Sarnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/00

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 PD
NAME BRAMHAM, ANNE T
STREET ADDRESS 355-1 PRESTWICK CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ANON, NORMAN
STREET ADDRESS 115 NAUTICAL WAY
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EAVENSON, BRADLEY
STREET ADDRESS 1300 S. A1A #625
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BRAMHAM, SARA
STREET ADDRESS 355-1 PRESTWICK CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O
NAME GRIFFIN, NANCY M
STREET ADDRESS 775 E BLITHEDALE, #270
CITY-ST-ZIP MILL VALLEY CA ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME EVANS, DEBORAH
STREET ADDRESS 14706 HORNSBY HILL BLVD
CITY-ST-ZIP AUSTIN TX 78734 ☐ Delete

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:

S. Sarnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 802 3855

Date

Daytime Phone #

CR2E037 (9/99)