

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90003 016 ****70.00

DOCUMENT # N96000000650

1. Entity Name

AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION

Principal Place of Business

Mailing Address

1014 N OLIVE AVE
 WEST PALM BEACH FL 33401
 US

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

2. Principal Place of Business

3. Mailing Address

1014 N Olive Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

Country

FL

Country

33401

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

Name

Anne Bramham

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

1014 N Olive Ave

City West Palm Bch

FL

Zip Code

33401

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

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

AT Bramham

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Ann Moloney, J.
 NAME 1014 N Olive Ave
 STREET ADDRESS WPB, FL 33401 ☐ Change ☐ Addition

TITLE Nancy Griffin, D.
 NAME 1014 N Olive Ave
 STREET ADDRESS WPB, FL 33401 ☐ Change ☐ Addition

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

TITLE SARA EAVENSON, VP
 NAME 355-1 PRESTWICK CIRCLE
 STREET ADDRESS PALM BCH GARDENS, FL 33418 ☒ Change ☐ Addition

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

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

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: Sara Eavenson 4/25/01 (561) 802-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-12-2001

CR2E037 (10/00)