

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90011 026 \*\*\*236.25

**DOCUMENT # N96000000650**

1. Entity Name

**AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION**

Principal Place of Business

1014 N OLIVE AVE  
 WEST PALM BEACH FL 33401  
 US

Mailing Address

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

Zip

Country

FL 33401

US

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

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

7. Name and Address of New Registered Agent

Name Anne Bramham

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

3900 Carnation Circle

City Palm Beach Gardens FL

Zip Code 33410

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**  
**After September 12, 2001, min. will be \$236.25**

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	<input type="checkbox"/> Delete
NAME	BRAMHAM, ANNE T	
STREET ADDRESS	355-1 PRESTWICK CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANON, NORMAN	
STREET ADDRESS	115 NAUTICAL WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	EAVENSON, BRADLEY	
STREET ADDRESS	1300 S. A1A #625	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRAMHAM, SARA	
STREET ADDRESS	355-1 PRESTWICK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, DEBORAH	
STREET ADDRESS	14706 HORNSBY HILL BLVD	
CITY-ST-ZIP	AUSTIN TX 78734	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMHAM, ANNE T.	
STREET ADDRESS	3900 CARNATION CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANON	
STREET ADDRESS	902 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAVENSON BRADLEY	
STREET ADDRESS	355-1 PRESTWICK CIRCLE,	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAVENSON SARA	
STREET ADDRESS	355-1 PRESTWICK CIRCLE,	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, NANCY	
STREET ADDRESS	238 PARK AVENUE,	
CITY-ST-ZIP	PETALUMA, CA 94952	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLONEY-BROWN, ANN	
STREET ADDRESS	PO BOX 2542	
CITY-ST-ZIP	LAKE OZARK, MO 65049	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SEAN EVANS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 561-802-355  
 Date Daytime Phone #

CR2E037 (5/01)