

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90173 017 \*\*\*\*61.25

**DOCUMENT # N96000000650**

1. Entity Name

**AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION  
COUNCIL, INC.**



Principal Place of Business

**1014 N OLIVE AVE  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**1014 N OLIVE AVE  
WEST PALM BEACH FL 33401  
US**

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su  
of  
am*

**10099837**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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  
3900 CARNATION CIRCLE  
PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAMHAM, ANNE T	
STREET ADDRESS	3900 CARNATION CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANON, NORMAN	
STREET ADDRESS	802 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	EAVENSON, BRADLEY	
STREET ADDRESS	355-1 PRESTWICK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EAVENSON, SARA	
STREET ADDRESS	355-1 PRESTWICK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFIN, NANCY	
STREET ADDRESS	23B PARK AVE	
CITY-ST-ZIP	PETALUMA CA 94852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOLONEY-BROWN, ANN	
STREET ADDRESS	PO BOX 2542	
CITY-ST-ZIP	LAKE OZARK MO 65049	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Sara Eavenson*  
**SARA EAVENSON**

Date

Daytime Phone #

*1/31/03 561.802.3855*

CR2037 (10/02)