

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003483

1. Entity Name

THE PURSUIT OF KNOWLEDGE, INC.

Principal Place of Business

Mailing Address

2150 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406

P.O. BOX 870  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0686549

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

WHITFIELD, GRAHAM F  
2150 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406

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 PD  
NAME WHITFIELD, GRAHAM F  
STREET ADDRESS 235 QUEENS LANE  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE DIRECTOR  
NAME JOHN FISHER  
STREET ADDRESS 1108 11th LANE, PALM BEACH  
CITY-ST-ZIP GARDENS, FLORIDA 33418 ☐ Change ☒ Addition

TITLE VD  
NAME PAUL, MICHAEL  
STREET ADDRESS 4301 DUSTIN ROAD  
CITY-ST-ZIP BURTONSVILLE MD 20866 ☐ Delete

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

TITLE DT  
NAME PASHINSKI, MICHAEL  
STREET ADDRESS 9594 CARISSA ROAD  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: *Graham F. Whitfield* SIGNATURE REQUIRED GRAHAM F. WHITFIELD 1/24/01 433-1749  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90656 022 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)