

2000 UNIFORM BUSINESS REPORT (UBR)

2/15/00-90052-028-\$61.25-\$61.25

DOCUMENT # N96000005671

1. Entity Name

~~ASCHOOL~~ FOR PERSONAL ENRICHMENT, INC.
A SCHOOL

Principal Place of Business

17516 RAINTREE CT.
MONTVERDE FL

Mailing Address

P.O. BOX 560040
MONTVERDE FL 34756-0040

FILED

00 FEB 29 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

931 VILLAGE BOULEVARD

3. Mailing Address

Same

Suite, Apt. #, etc.

(405-308)

Suite, Apt. #, etc.

Same

City & State

WEST PALM BEACH FL

City & State

Same

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33409-1939 USA

Country

Zip

Same

Country

Same

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, ALAN
17516 RAINTREE CT.
MONTVERDE FL

Same

7. Name and Address of New Registered Agent

Name

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

Same

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

Alan Gregory
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

1/8/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GREGORY, ALAN 17516 RAINTREE COURT MONTVERDE FL 34756 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D PRIBRAM, KARL C/O CENTER FOR BRAIN RESEARCH, PETERS HALL RADFORD VA 24142 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GREGORY, LUCY 17516 RAINTREE CT. MONTVERDE FL 34756-0040 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D PARKS, PERRY 1017 ALVIRA STREET LOS ANGELES CA 90035 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D WIENER, ISAAC 10 SALEM ROAD WAYNE NJ 07470 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

GREGORY, ALAN 931 VILLAGE BOULEVARD SUITE 405-308 WEST PALM BEACH FL 33409-1939 ☒ Change ☐ Addition

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

GREGORY, LUCY 931 VILLAGE BOULEVARD SUITE 405-308 WEST PALM BEACH FL 33409-1939 ☒ Change ☐ Addition

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

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☐ 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 employment.

SIGNATURE: *Alan Gregory* 1/8/00 561-8405370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)