

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005671**

1. Entity Name

A SCHOOL FOR PERSONAL ENRICHMENT, INC.

Principal Place of Business

**931 VILLAGE BOULEVARD
(905-308)
WEST PALM BEACH FL 33407-1939**

Mailing Address

**931 VILLAGE BOULEVARD
(905-308)
WEST PALM BEACH FL 33407-1939**

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

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

**GREGORY, ALAN
931 VILLAGE BOULEVARD
(905-308)
WEST PALM BEACH FL 33407-1939**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	GREGORY, ALAN	931 VILLAGE BOULEVARD, SUITE 905-308	WEST PALM BEACH FL 33407-1939	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	PRIEBRAM, KARL	C/O CENTER FOR BRAIN RESEARCH, PETERS HALL	RADFORD-VA 24142	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	GREGORY, LUCY	931 VILLAGE BOULEVARD, SUITE 905-308	WEST PALM BEACH FL 33407-1939	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	PARKS, PERRY	1017 ALVIRA STREET	LOS ANGELES CA 90035	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	WIENER, ISAAC	10 SALEM ROAD	WAYNE NJ 07470	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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

04/09/01

561-840-9370

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0050115

CR2E037 (10/00)