

N9600005671

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASCHOOL, INC.

DOCUMENT NUMBER: FEI # 59-3427343

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucy Gregory
PMB 308 (Name of Contact Person)
931 Village Blvd. #905
W. Palm Beach, FL 33409

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCY GREGORY at (561) 324-0076
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
08 MAR 14 AM 10:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ASCHOOL, INC.

SECOND: The document number of the corporation (if known): N96000005671

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted

_____. The number of votes cast by the members was sufficient for approval.

~~XXXX~~ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

Copies attached

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 02/25/08.

The number of directors in office was 4 and the vote for resolution was

4 for and 0 against. (must be a majority vote)

Note: The President, Alan Gregory, died on February 5, 2008 (copy of death certificate enclosed).

FOURTH: Effective date of dissolution if applicable: 02/29/08
(no more than 90 days after dissolution file date)

Signature Lucy Gregory
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

LUCY GREGORY
(Typed or printed name of the person signing)

DIRECTOR
(Title of person signing)

FILING FEE: \$35

ASchool, Inc.™
EIN 59-3427343

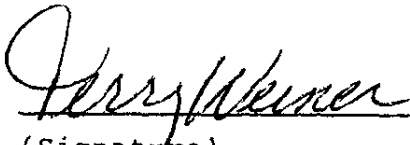
PMB 308 @ 931 Village Boulevard (Suite 905)
West Palm Beach, FL 33409-1939
alan-gregory@ASchool.org
<http://www.ASchool.org>
561-840-9370 Fax 561-840-7960

A Distance Learning Internet School

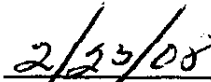
Dr. Karl H. Pribram
Director of Curriculum Validation

learning programs for the disadvantaged

I hereby agree that ASchool, Inc. be dissolved as soon as possible after all necessary legal and other matters are complete.


(Signature)

, Director


(Date)

ASchool, Inc.™
EIN 59-3427343

PMB 308 @ 931 Village Boulevard (Suite 905)
West Palm Beach, FL 33409-1939
alan-gregory@ASchool.org
<http://www.ASchool.org>
561-840-9370 Fax 561-840-7960

A Distance Learning Internet School

Dr. Karl H. Pribram
Director of Curriculum Validation

learning programs for the disadvantaged

I hereby agree that ASchool, Inc. be dissolved as soon as possible after all necessary legal and other matters are complete.

Karl H. Pribram , Director
(Signature)

2/25/08
(Date)

ASchool, Inc.™

EIN 59-3427343

PMB 308 @ 931 Village Boulevard (Suite 905)

West Palm Beach, FL 33409-1939

alan-gregory@ASchool.org

<http://www.ASchool.org>

561-840-9370 Fax 561-840-7960

A Distance Learning Internet School

Dr. Karl H. Pribram

Director of Curriculum Validation

learning programs for the disadvantaged

I hereby agree that ASchool, Inc. be dissolved as soon as possible after all necessary legal and other matters are complete.



(Signature)

, Director

2/24/08

(Date)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPYTYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO. 6008-1140		FLORIDA CERTIFICATE OF DEATH	
1. DECEDENT'S NAME (First, Middle, Last, Suffix) ALAN		2. SEX MALE	
3. DATE OF BIRTH (Month, Day, Year) MARCH 4, 1927		4. AGE-Last Birthday (Years) 80	
5. DATE OF DEATH (Month, Day, Year) FEBRUARY 5, 2008		6. COUNTY OF DEATH PALM BEACH	
7. BIRTHPLACE (City and State or Foreign Country) BROOKLYN NEW YORK		8. SOCIAL SECURITY NUMBER 126-16-7419	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		10. FACILITY NAME (If not institution, give street address) DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER	
11. CITY, TOWN, OR LOCATION OF DEATH WEST PALM BEACH		12. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) LUCY BROWN		14. CITY, TOWN, OR LOCATION WEST PALM BEACH	
15. RESIDENCE - STATE FLORIDA		16. COUNTY PALM BEACH	
17. STREET ADDRESS 6500 N. MILITARY TRAIL		18. APT NO. 33407	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. KIND OF BUSINESS/INDUSTRY MOTIVATION	
21. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) CAREER COACH		22. DECEDENT'S RACE (Specify the race/faces to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)	
23. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input checked="" type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other Hispanic (Specify)		24. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input checked="" type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	
25. FATHER'S NAME (First, Middle, Last, Suffix) JACK GOLDBERG		26. MOTHER'S NAME (First, Middle, Maiden Surname) ADA MEISEL	
27. INFORMANT'S NAME LUCY GREGORY		28. RELATIONSHIP TO DECEDENT SPOUSE	
29. CITY OR TOWN WEST PALM BEACH		30. STREET ADDRESS 6500 N. MILITARY TRAIL	
31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) EDGLEY CREMATION SERVICE		32. LOCATION - STATE FLORIDA	
33. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		34. LOCATION - CITY OR TOWN WEST PALM BEACH	
35. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		36. LICENSE NUMBER (of Licensee) F022975	
37. NAME OF FUNERAL FACILITY WEISS MEMORIAL CHAPEL		38. FACILITY'S MAILING - STATE FLORIDA	
39. CITY OR TOWN BOYNTON BEACH		40. STREET ADDRESS 202 E. BOYNTON BEACH BLVD.	
41. ZIP CODE 33435		42. CERTIFIER <input checked="" type="checkbox"/> Medical Examiner - On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner - On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. R1a (Signature and Title of Certifier) Abdur R. Khan, MD	
R1b (Signature and Title of Certifier) Abdur R. Khan, MD		R1c DATE SIGNED (mm/dd/yyyy) 02/05/2008	
R1d TIME OF DEATH (24 hr) 1440		R1e MEDICAL EXAMINER'S CASE NUMBER 4670086	
R2a CERTIFIER'S NAME ABDUR R. KHAN, MD		R2b NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
R3a CERTIFIER'S STATE FLORIDA		R3b CITY OR TOWN WEST PALM BEACH	
R3c STREET ADDRESS 7305 NORTH MILITARY TRAIL		R3d ZIP CODE 33410	
R4a SURREGISTRAR - Signature and Date Blenda M. Roal		R4b DATE FILED BY REGISTRAR (MM, Day, Yr.) FEB 08 2008	

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED