

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004352

1. Entity Name

ASPERGER SYNDROME EDUCATION NETWORK OF AMERICA (

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90045 022 ****70.00

Principal Place of Business

Mailing Address

7412 STONEHURST RD S
JACKSONVILLE FL 32277-3755

P.O. BOX 2577
JACKSONVILLE FL 32203-2577
US

2. Principal Place of Business

3. Mailing Address

5504 Selton Ave.

C/O D. Paley, Treasurer
9843 NW 18 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Jacksonville, FL

Coral Springs, FL

4. FEI Number

59-3471133

Applied For

Not Applicable

Zip

Country

Zip

Country

32277

USA

33071

USA

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

PALEY, DIANE CPA
9843 NW 18 ST
CORAL SPRINGS FL 33071

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	EV	<input checked="" type="checkbox"/> Delete
NAME	TARQUAY, PAMELA	
STREET ADDRESS	69 TOLLAND FARMS RD	
CITY-ST-ZIP	TOLLAND CA 06084	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLING, ECHO R	
STREET ADDRESS	14 TIGERS CT	
CITY-ST-ZIP	MERCERVILLE NJ 08619	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVKIN, JUDITH	
STREET ADDRESS	255 W. 90TH ST APT 5-A	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, JOAN	
STREET ADDRESS	800 LAKSHORE #41	
CITY-ST-ZIP	DORVAL, QUEBEC, CANADA H9S2C6	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALEY, DIANE	
STREET ADDRESS	9843 NW 18 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlson, Jeanine	
STREET ADDRESS	1532 Conser St.	
CITY-ST-ZIP	Overland Park, KS 66223	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adreon, Diane center for Autism	
STREET ADDRESS	1500 Monza Ave. Third Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angus, Jeanne	
STREET ADDRESS	350 Central Park West Apt. 15D	
CITY-ST-ZIP	New York, NY 10025	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hyatt-Foley, DeAnn	
STREET ADDRESS	5405 Chicago Ave. #1506	
CITY-ST-ZIP	Lubbock, Texas 79414	

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: *Diane Paley* **DIANE PALEY, Treasurer 2/8/00 954-255-7840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #