

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005795

1. Entity Name

AMERITECH INSTITUTE FOR CAREER EDUCATION, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90003 029 \*\*\*\*70.00

Principal Place of Business	Mailing Address
165 U.S. HIGHWAY 27, SOUTH SOUTH BAY FL 33493 US	P.O. BOX 900 SOUTH BAY FL 33493-0900 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0816502	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JONES, JACK D 165 U.S. HIGHWAY 27, SOUTH SOUTH BAY FL 33493

7. Name and Address of New Registered Agent		
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, SUE E
STREET ADDRESS	6176 GRAND CYPRESS CIRCLE
CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	P <input type="checkbox"/> Delete
NAME	JONES, JACK D
STREET ADDRESS	6176 GRAND CYPRESS CIRCLE
CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	D <input type="checkbox"/> Delete
NAME	PROVENZALE, PHILIP DR
STREET ADDRESS	1381 EAST MAIN STREET
CITY-ST-ZIP	PAHOKEE FL 33467
TITLE	D <input type="checkbox"/> Delete
NAME	PROVENZALE, CHRISTINE DR
STREET ADDRESS	1381 EAST MAIN STREET
CITY-ST-ZIP	PAHOKEE FL 33467
TITLE	D <input type="checkbox"/> Delete
NAME	REGAN, LOUISE
STREET ADDRESS	55 MAPLE STREET
CITY-ST-ZIP	BANGOR ME 04401
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BREZNEN-ALEXANDRO, BARBARA
STREET ADDRESS	7059 DAVIT CIRCLE
CITY-ST-ZIP	LAKE WORTH FL 33467

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, George E
STREET ADDRESS	6439 Felton Court
CITY-ST-ZIP	Charlotte, NC 28277
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jack D. Jones, President 4/17/00 (561) 996-5007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)