

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000000629**

1. Entity Name

CENTER FOR POLICY IN HIGHER EDUCATION, INC.

f

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90019 002 ****61.25

Principal Place of Business 3003 VAN NESS STREET. NW SUITE 920 WASHINGTON DC 20008	Mailing Address 3003 VAN NESS STREET. NW SUITE 920 WASHINGTON DC 20008
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0810604	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BAKST, DANIEL L
1511 FORUM PLACE
BUILDINGS 200 & 400
WEST PALM BEACH FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	D <input type="checkbox"/> Delete
NAME	BAKST, DAREN L
STREET ADDRESS	3003 VAN NESS STREET, NW SUITE 920
CITY-ST-ZIP	WASHINGTON DC 20008
TITLE	D <input type="checkbox"/> Delete
NAME	BAKST, DANIEL L
STREET ADDRESS	1511 FORUM PLACE BUILDINGS 200 & 400
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	D <input type="checkbox"/> Delete
NAME	MOSS, WILLIAM M
STREET ADDRESS	258 RUTLAND BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Clair A. BAKER* **REQUIREMENTS BAKST UP** *8-4-00* *5616405762*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)