

FILED
Jan 21, 2003 8:00 am
Secretary of State

0430008 AV

DOCUMENT # P00000010010				Secretary of State 01-21-2003 90525 005 ***150.00	
1. Entity Name THE ARGOSY PROGRAM, INC.					
Principal Place of Business 214 BRAZILIAN AVE 230 PALM BEACH FL 33480		Mailing Address POST OFFICE BOX 3191 PALM BEACH FL 33480			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1091449	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLATER, ROBERT W 214 BRAZILIAN AVE., STE. 260 PALM BEACH FL 33480				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD, ANTONY 214 BRAZILIAN AVE STE 230 PALM BEACH FL 33480	☐ Delete			
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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 607, 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: ANTONY UNDERWOOD		Date: 1.17.03.		Daytime Phone # 561-835-4562	