

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31674

1. Entity Name

ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA

Principal Place of Business

14750 NW 77 CT
STE 210
MIAMI LKS FL 33016
US

Mailing Address

14750 NW 77 CT
STE 210
MIAMI LKS FL 33016-1507
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1333760

Applied For

Not Applicable

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

GRAGG, K. LAWRENCE
WHITE & CASE
200 S. BISCAYNE BLVD., 50TH FLOOR
MIAMI FL 33131

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 D ☐ Delete
NAME FARR, MICHAEL
STREET ADDRESS CARRETERA ANTIGUA A PUERTO
CITY-ST-ZIP BARRANQUILLA COLUMBIA

TITLE ED ☐ Delete
NAME MORRIS, JAMES W
STREET ADDRESS 14750 NW 77 CT., STE 210
CITY-ST-ZIP MIAMI LAKES FL

TITLE D ☐ Delete
NAME TULLY, DAVID
STREET ADDRESS CAIXA POSTAL 7432
CITY-ST-ZIP SAO PAULO BRAZIL 01064-970

TITLE PD ☒ Delete
NAME ANDERSON, FRANK
STREET ADDRESS APARTADO 103-E1 TRIGAL, VALENCIA, EDO,
CITY-ST-ZIP CARABOBO, VENEZUELA

TITLE VD ☐ Delete
NAME PONCE, PILAR
STREET ADDRESS P.O. BOX 17 01 157, URB. CARCELEN
CITY-ST-ZIP QUITO ECUADOR

TITLE STD ☐ Delete
NAME HEATHERINGTON, MARY JO
STREET ADDRESS LOTEAMENTO PATAMARES
CITY-ST-ZIP SALVADOR BAHIA BRAZIL

TITLE PD ☒ Change ☐ Addition
NAME Cabeza de Vaca, Pilar
STREET ADDRESS P.O. Box 17 01 157, Urb. Carcelen
CITY-ST-ZIP Quito, Ecuador

TITLE VD ☒ Change ☐ Addition
NAME Tully, David
STREET ADDRESS Caixa Postal 7432
CITY-ST-ZIP Sao Paulo, Brazil 01064-970

TITLE D ☐ Change ☒ Addition
NAME Strommen, Clifford
STREET ADDRESS Casila 16211, Correo 9
CITY-ST-ZIP Santiago, Chile

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 305-821-0345

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE