

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024525  
EDUCATIONAL DYNAMICS GROUP,  
INC.

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90347 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1133 LOUISIANA AVE. STE. 200  
WINTER PARK FL 32789

1133 LOUISIANA AVE. STE. 200  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

6189 WINTER GARDEN/VINLAND RD  
Suite, Apt. #, etc.

6189 WINTER GARDEN - VINLAND RD  
Suite, Apt. #, etc.

City & State

City & State

WINDERMERE, FL

WINDERMERE, FL

Zip

Country

34786

ORANGE

Zip

Country

34786

ORANGE

4. FEI Number

~~59-3231933~~  
59-3231933

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

THE AMERICAN SCHOOLS CORPORATION  
1133 LOUISIANA AVE. STE. 200  
WINTER PARK FL 32789

Name

JOHN T. MANHIRE

Street Address (P.O. Box Number is Not Acceptable)

6124 ST. IVES BLVD

City

ORLANDO

FL

Zip Code

32819

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MANHIRE, JOHN T  
6124 ST IVES BLVD  
ORLANDO FL 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P  
MANHIRE, JOHN T.  
6124 ST. IVES BLVD.  
ORLANDO, FL 32819 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SIT  
MANHIRE, MARK  
636 DHARMA CIR  
WINTER GARDEN, FL 34787 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John T. Manhire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
Date

407-905-7700  
Daytime Phone #