2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000102569 May 26, 2000 8:00 am 1. Entity Name Secretary of State THE AMERICAN SCHOOLS CORPORATION 05-26-2000 90042 027 ***150.00 Mailing Address Principal Place of Business 1133 LOUISIANA AVE 1133 LOUISIANA AVE SUITE 200 SUITE 200 WINTER PARK FL 32789-2350 WINTER PARK FL 32789 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3482117 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANHIRE, JOHN T Street Address (P.O. Box Number is Not Acceptable) 1133 LOUISIANA AVE SUITE 200 WINTER PARK FL 32789 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. **赤から出して 買し合う** CALLESO PAGE STREET TO THE CO DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on!back), (y) + (y) → (y) (y) (y) = □ Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CP Change Addition TITLE TITLE ☐ Delete RICK HORNBECK MANHIRE, JOHN T NAME NAME 353 SAXONY COURT 1133 LOUISIANA AVE., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP UINTER SPRINGS, FL 32708 Change X Delete TITLE TITLE ROB MIKLAS SPONGLER, D. PORTER NAME NAME 4983 CAROL LAWE NW 1931 LOCKBERRY RD. STREET ADDRESS STREET ADDRESS **WINTER PARK FL 32792** CITY-ST-ZIP ATLANTA, GA 30327-4613 CITY-ST-7IP X Delete TITLE TITLE SUZANNE W.H. MILLER ANDERSON, BEVERLY S NAME NAME 3120 DOWNS COUE RD STREET ADDRESS 531 E. LAKE SUE AVE. STREET ADDRESS CITY-ST-ZIP JINDERMERE, FL 34786 WINTER PARK FL 32789 CITY-ST-ZIP Addition A TITI F GOOGLE D ☐ Change TITLE ☐ Delete BAXTER, JAMES N ESQ EUGBNE TOOTLE NAME NAME 6441 E. COLONIAL DR. 60 PIERREPONT ST. #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DRLANDO, FL 32807 CITY-ST-ZIP **BROOKLYN NY 11201** ☐ Change ☐ Addition **X** Delete TITLE TITLE BAXTER, JERRY W HON NAME NAME 790 SAN ANTONIO DR. NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30306 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE ROMAGNA, JOHN R NAME NAME SUITE 6C, DAVID HOUSE 39 LOCKART RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WANCHAI, HONG KONG

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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