

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102569

1. Entity Name

THE AMERICAN SCHOOLS CORPORATION

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90244 015 ***150.00

Principal Place of Business

1133 LOUISIANA AVE
SUITE 200
WINTER PARK FL 32789

Mailing Address

1133 LOUISIANA AVE
SUITE 200
WINTER PARK FL 32789

2. Principal Place of Business

6189 WINTER GARDEN/VIA RENDI
Suite, Apt. #, etc.

3. Mailing Address

6189 WINTER GARDEN/VIA RENDI
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINDERMERE FL

City & State

WINDERMERE, FL

4. FEI Number 59-3482117

Applied For
Not Applicable

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANHIRE, JOHN T
1133 LOUISIANA AVE
SUITE 200
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
MANHIRE, JOHN T.
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	CP	<input type="checkbox"/> Delete
NAME	MANHIRE, JOHN T	
STREET ADDRESS	1133 LOUISIANA AVE., SUITE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SPONGLER, D. PORTER	
STREET ADDRESS	1931 LOCKBERRY RD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, BEVERLY S	
STREET ADDRESS	531 E. LAKE SUE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, JAMES N ESQ	
STREET ADDRESS	60 PIERREPONT ST. #2	
CITY-ST-ZIP	BROOKLYN NY 11201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, JERRY W HON	
STREET ADDRESS	790 SAN ANTONIO DR. NE	
CITY-ST-ZIP	ATLANTA GA 30306	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAGNA, JOHN R	
STREET ADDRESS	SUITE 6C, DAVID HOUSE 39 LOCKART RD	
CITY-ST-ZIP	WANCHAI, HONG KONG	

TITLE	DOPEY, DOBORTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANBER, D. PORTER	
STREET ADDRESS	1931 LOCKBERRY RD.	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKLAS, ROB	
STREET ADDRESS	4983 CAROL LANE NW	
CITY-ST-ZIP	ATLANTA, GA 30327-4013	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOOTLE, EUGENE, ED.D.	
STREET ADDRESS	6441 E. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINDEN, DEBORAH	
STREET ADDRESS	4636 McCORMACK PLACE	
CITY-ST-ZIP	WINDERMERE, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

407-905-7700

Daytime Phone #

CR2E034 (10/00)

0434321