

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90015 044 ***150.00

DOCUMENT # **S27174**

1. Entity Name
THE APOLLO GROUP, INC.

Principal Place of Business 450 S. GULFVIEW BLVD CLEARWATER FL 34630 US	Mailing Address 33920 US HWY 19 STE 351 PALM HARBOR FL 34684-2670 US
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DO NOT WRITE IN THIS SPACE

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 59-3051648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**STROSS, HOWARD C.
 33920 US HWY 19 STE 351
 PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____

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, 2000 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

TITLE	CPD	<input type="checkbox"/> Delete
NAME	GRIGORIOU, CHRIS I.	
STREET ADDRESS	450 S GULFVIEW BLVD., UNIT 1208 S	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURPHY, BRIAN M	
STREET ADDRESS	ONE CAPTAIN THOMSON LANE	
CITY-ST-ZIP	HINGHAM MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIGORIOU, MICHAEL I	
STREET ADDRESS	699 MIDDLE ST	
CITY-ST-ZIP	MIDDLETON CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	439 STANLEY DR.	
CITY-ST-ZIP	GLASTONBURY, CT 06033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 955	
CITY-ST-ZIP	GLASTONBURY, CT 06033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____ Date: **April 3, 2000** Daytime Phone #: **(860) 659-9995**

C-17 (1/14/99)