

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A97000000754  
**1. Entity Name**  
 NORTH BROWARD PREPARATORY SCHOOLS, LTD.

**FILED**  
 01 MAY 16 PM 4:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 1600 W Commercial Blvd      1600 W Commerical blvd  
 Ft. Lauderdale, FL 33309      Ft. Lauderdale, FL 33309

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 65-0827147      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**MJH**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**  
 Name: Camillo, John M  
 Street Address (P.O. Box Number is Not Acceptable):  
 1600 W. Commercial Blvd  
 City: Ft. Lauderdale, FL      Zip Code: 33309

**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**  **John M Camillo**      **3/26/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. Capital Contributions as Shown on record.** \$5,000,000      **10. Amount of Capital Contributions in FLORIDA to date.** \$5,000,000      **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L95000000398
NAME	North Broward Preparatory Schools, L C.
STREET ADDRESS	1600 W Commercial Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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CITY-ST-ZIP	

**800004418848-2**  
~~06/13/01-01108-009~~  
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**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**  **William Spruce, VP, 3/28/01 (954) 247-0011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)