

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 22 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000398
1. Entity Name
NORTH BROWARD PREPARATORY SCHOOLS, L.C.

Principal Place of Business: 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309
Mailing Address: 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309-3012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **65-0586106** Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMILLO, JOHN M ESQ.
221 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

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: *[Signature]* JOHN M. CAMILLO DATE: 4/20/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAMAN, PHILIP E 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MORGAMAN, SANDRA A 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PHILIP E. MORGAMAN, AS TRUSTEE 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PREPARATORY SCHOOLS MANAGEMENT, INC. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FLORIDA PREPARATORY SCHOOLS, LTD. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Vice President 4/20/00 (954) 247-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #