


01-27-2003 90199 038 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

1/27

DOCUMENT # N01000005338					
1. Entity Name THE COUNCIL OF HIGHER EDUCATION INSTITUTIONS OF FLORIDA, INC.					
Principal Place of Business 301 S. BRONOUGH ST., STE. 200 TALLAHASSEE FL 32301-1722		Mailing Address 301 S. BRONOUGH ST., STE. 200 TALLAHASSEE FL 32301-1722			
2. Principal Place of Business 215 S. Monroe St. Suite, Apt. #, etc. Suite 701 City & State Tallahassee FL Zip 32301 Country USA		3. Mailing Address 215 S. Monroe St. Suite, Apt. #, etc. Suite 701 City & State Tallahassee FL Zip 32301 Country USA			
4. FEI Number APPLIED FOR				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 HARRIS, BOB L ESQ 301 S. BRONOUGH ST., STE. 200 TALLAHASSEE FL 32301-1722			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 215 S. Monroe St. Suite 701 City Tallahassee FL Zip Code 32301		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>1/13/03</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FKE, C.M.	D	NAME		
STREET ADDRESS	1401 W. CYPRESS CREEK RD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAUREGARD, MIKE	D	NAME		
STREET ADDRESS	1401 W. CYPRESS CREEK RD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, BOB	D	NAME		
STREET ADDRESS	301 S. BRONOUGH ST., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301-1722		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.					
SIGNATURE: <u>[Signature]</u>		DATE: <u>1/13/02</u>		DAYTIME PHONE: <u>222-0720</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	

82-0589378



CHECK HERE IF MAKING CHANGES

CRS037 (10/02)