

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-02-2001 90138 004 ****70.00

DOCUMENT # N00000001525

1. Entity Name

EVERGLADES' COLLEGE, INC.

Principal Place of Business

1401 NE 10TH ST
POMPANO BEACH FL 33060

Mailing Address

1401 NE 10TH ST
POMPANO BEACH FL 33060

2. Principal Place of Business

1500 NW 49TH ST

Suite, Apt. #, etc.

3. Mailing Address

1500 NW 49TH ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

4. FEI Number

65-0216638

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KEISER, ARTHUR
1500 NW 49TH ST
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	DR. ARTHUR KEISER	
STREET ADDRESS	1500 NW 49TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE	Chairperson (T)	☐ Delete
NAME	James Waldman	
STREET ADDRESS	2751 West Atlantic Blvd	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	Ms. Maria Kondracki (T)	☐ Delete
NAME		
STREET ADDRESS	5900 N. Andrews Ave, Suite 250	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	Ms. Catherine McKenzie (T)	☐ Delete
NAME		
STREET ADDRESS	6451 N. Federal Hwy., Ste 1113	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	Mr. Lipton McKenzie (T)	☐ Delete
NAME		
STREET ADDRESS	3520 W. Broward Blvd, Suite 217	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE	Dr. Joseph Pace (T)	☐ Delete
NAME		
STREET ADDRESS	1230 South Southlake Drive	
CITY-ST-ZIP	Hollywood, FL 33020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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 817, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2001

Date

954-776-4476

Daytime Phone #

CR2037 (10/00)