

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 705762**

1. Entity Name

LYNN UNIVERSITY, INC.

Principal Place of Business

Mailing Address

**3601 N MILITARY TRAIL
BOCA RATON FL 33431****3601 N MILITARY TRAIL
BOCA RATON FL 33431**

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

59-1023117

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ROSS, DONALD E. DR.
LYNN UNIVERSITY
3601 N MILITARY TRAIL
BOCA RATON FL 33431**

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 \$61.259. 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	PT	<input type="checkbox"/> Delete
NAME	ROSS, DONALD E	
STREET ADDRESS	16083 VIA MONTEVERDE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

TITLE	ST	<input type="checkbox"/> Delete
NAME	LANDGREN, ARTHUR	
STREET ADDRESS	565 ALEXANDER PALM RD	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	TT	<input type="checkbox"/> Delete
NAME	MORTIMER, JOHN	
STREET ADDRESS	2625 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19803	

TITLE	T	<input type="checkbox"/> Delete
NAME	CARVILLE, HUGH	
STREET ADDRESS	KNOX AVENUE	
CITY-ST-ZIP	JOHNSTOWN NY 12095	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowered.

SIGNATURE:**SIGNATURE REQUIRED****3/7/02 561-237-7191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034601

CR2E037 (9/01)

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90357 038 ****61.25



DO NOT WRITE IN THIS SPACE