

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90158 012 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 702402

1. Entity Name
SOUTH FLORIDA EDUCATION CENTER INC

Principal Place of Business Mailing Address

%NOVA SOUTHEASTERN UNIVERSITY %NOVA SOUTHEASTERN UNIVERSITY
 3301 COLLAGE AVE. AVP 3301 COLLAGE AVE. AVP
 FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314-7721

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

59-1002552 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent

RAWLS, ROBERT
6591 S.W. 45TH STREET
DAVIE FL 33314

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL R BOEGLI	NAME	
STREET ADDRESS	6500 NOVA DR	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTULLI, JOHN J	NAME	
STREET ADDRESS	3301 COLLEGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, JOYANNE	NAME	
STREET ADDRESS	2912 COLLEGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK RUSSELL	NAME	
STREET ADDRESS	2912 COLLEGE AVE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, TOM	NAME	
STREET ADDRESS	2912 COLLEGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	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)(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: *John J. Santulli, Jr.* **REQUIRE SECRETARY / TREASURER** **4/24/00** **954-262-8932**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)