

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

0038021

DOCUMENT # 705762

1. Entity Name
LYNN UNIVERSITY, INC.



AMENDED

03 MAY 13 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3601 N MILITARY TRAIL
BOCA RATON FL 33431

Mailing Address

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

4. FEI Number 59-1023117

Applied For

Not Applicable

Zip Country Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROSS, DONALD E. DR.
LYNN UNIVERSITY
3601 N MILITARY TRAIL
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

PT
ROSS, DONALD E
16083 VIA MONTEVERDE
DELRAY BEACH FL 33446

TITLE NAME ☐ Delete

ST
LANDGREN, ARTHUR
565 ALEXANDER PALM RD
BOCA RATON FL 33432

TITLE NAME ☐ Delete

TT
MORTIMER, JOHN
2625 CONCORD PIKE
WILMINGTON DE 19803

TITLE NAME ☐ Delete

T
CARVILLE, HUGH
KNOX AVENUE
JOHNSTOWN NY 12095

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition

P/T
ROSS, DONALD E
2083 THATCH PALM DR
BOCA RATON FL 33432

TITLE NAME ☒ Change ☐ Addition

S/T
LANDGREN, ARTHUR
2707 SW 6th ST
DELRAY BEACH FL 33445

TITLE NAME ☒ Change ☐ Addition

T/T
MORTIMER, JOHN
2150 S OCEAN BLVD APT 4A
DELRAY BEACH FL 33483

TITLE NAME ☒ Change ☐ Addition

T
CARVILLE, HUGH
10 KNOX AVENUE
JOHNSTOWN NY 12095

TITLE NAME ☐ Change ☒ Addition

V
CASALE, ANTHONY J
2917 S OCEAN BLVD APT 101
HIGHLAND BEACH FL 33487

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

300019745803
05/22/03--01080--003 **61.25

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

Date

Daytime Phone #