

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002175

1. Entity Name

FLORIDA PREPARATORY SCHOOLS MANAGEMENT II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business

1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309-3012

Mailing Address

1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309-3012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0743367

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPRUCE, WILLIAM D ESQ.
1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309

Name

CAMILLO, JOHN M.

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

1600 W. COMMERCIAL BLVD.

City

FT. LAUDERDALE

FL

Zip Code
33309

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

JOHN M. CAMILLO

4/20/2000

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as shown on record.

\$9,900.00

10. Amount of Capital Contributions
in FLORIDA to date. \$9,900.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000039367
NAME PREPARATORY SCHOOLS MANAGEMENT, INC.
STREET ADDRESS 1600 WEST COMMERCIAL BLVD.
CITY - ST - ZIP FORT LAUDERDALE FL 33309

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)