

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002175

1. Entity Name

FLORIDA PREPARATORY SCHOOLS MANAGEMENT II, LTD.

Principal Place of Business

1600 W Commercial Blvd  
Ft. Lauderdale, FL 33309

Mailing Address

1600 W Commercial Blvd  
Ft. Lauderdale, FL 33309

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

65-0743367

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

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

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

John M Camillo

(NOTE: Registered Agent signature required when reinstating)

3/26/01

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 Magagement, Inc.  
STREET ADDRESS 1600 W Commercial Blvd  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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

William Spruce, VP

3/27/01

(954) 247-0011

Date

Daytime Phone #

FILED

01 MAY 16 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MJM

CR2E003 (11/00)