

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

DOCUMENT # F03000004947

1. Entity Name

FLORIDA COASTAL SCHOOL OF LAW, INC.



Principal Place of Business

7555 BEACH BLVD.
JACKSONVILLE FL 32216

Mailing Address

7555 BEACH BLVD.
JACKSONVILLE FL 32216



2. Principal Place of Business - No P.O. Box #

8787 BAYPINE RD

Suite, Apt. #, etc.

3. Mailing Address

8787 BAYPINE RD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

20-0226587

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 (applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PCD
NAME: TASLITZ, STEVEN M
STREET ADDRESS: 1033 SKOKIE BOULEVARD, SUITE 600
CITY-ST-ZIP: NORTHBROOK IL 60062 ☐ Delete

TITLE: V
NAME: FEDERICO, RICHARD
STREET ADDRESS: 1033 SKOKIE BOULEVARD, SUITE 600
CITY-ST-ZIP: NORTHBROOK IL 60062 ☐ Delete

TITLE: ST
NAME: WIPPMAN, TOM
STREET ADDRESS: 1033 SKOKIE BOULEVARD, SUITE 600
CITY-ST-ZIP: NORTHBROOK IL 60062 ☐ Delete

TITLE: D
NAME: WILSON, BRUCE
STREET ADDRESS: 7555 BEACH BLVD.
CITY-ST-ZIP: JACKSONVILLE FL 32216 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: CFO ☒ Change ☐ Addition
NAME: WILSON, BRUCE
STREET ADDRESS: 8787 BAYPINE RD
CITY-ST-ZIP: JACKSONVILLE, FL 32256

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

904-680-7720