

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G42199

1. Entity Name

UNIVERSITY STUDIES IN AMERICA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90208 047 ***150.00

Principal Place of Business

Mailing Address
~~C/O A. B. ASSADOURIAN~~
 C/O WEIDENBACH & COMPANY P.A. ← Delete
 1560-3 CAPITAL CIRCLE N.W.
 TALLAHASSEE FL 32303-3180
 US

~~C/O A. B. ASSADOURIAN~~
 1560-3 CAPITAL CIRCLE N.W.
 TALLAHASSEE FL 32303-3180
 US

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

59-2308490

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

ASSADOURIAN, ALBERT B.
 1560-3 CAPITAL CIRCLE N.W.
 TALLAHASSEE FL 32303

Name

William Weidenbach Jr

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

1560 Capital Circle NW, Ste 3

City

Tallahassee

FL

Zip Code

32303

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

W Weidenbach Jr

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

(NOTE: Registered Agent signature required when reinstating)

4-27-00

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME ASSADOURIAN, ALBERT B.
 STREET ADDRESS 1560-3 CAPITAL CIR NW
 CITY-ST-ZIP TALLAHASSEE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Secretary
 STREET ADDRESS William Weidenbach Jr
 CITY-ST-ZIP 1560-3 Capital Circle NW
 Tallahassee, FL 32303

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W Weidenbach Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

850-596-1118

Daytime Phone #

CR2E034 (9/99)