

2001 UNIFORM BUSINESS REPORT (UBR)

193

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DOCUMENT # L00000001209

1. Entity Name
DEVRY FLORIDA LLC

FILED

01 FEB 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE TOWER LANE, SUITE 1000
OAKBROOK TERRACE IL 60181

Mailing Address
ONE TOWER LANE, SUITE 1000
OAKBROOK TERRACE IL 60181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4355756

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00
Make Check Payable to Department of State

300003743633

-02/20/01--01083--024

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
PLEASE SEE ATTACHED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Norman M. Levine 2/6/01 (30) 571-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

DEVRY FLORIDA LLC
OFFICERS

PRINCIPAL OFFICER

TITLE

DENNIS J. KELLER

Chairman

RONALD L. TAYLOR

President

MARILYNN J. CASON

Senior Vice-President,
General Counsel
& Corporate Secretary

MICHAEL LAFORTE

Senior Vice-President

O. JOHN SKUBIAK

Executive Vice-President

NORMAN M. LEVINE

Senior Vice-President
Chief Financial Officer

All officers serve a one year term expiring November 13, 2001.

Business address for all of the above:

One Tower Lane
Suite 1000
Oakbrook Terrace, IL 60181-4624