

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90582 017 \*\*\*\*50.00

**DOCUMENT # L01000005715**

1. Entity Name

**BBH COLLEGE, LLC**

Principal Place of Business

**1096 EAST NEWPORT CENTER DR., STE. 100  
DEERFIELD BEACH FL 33442**

Mailing Address

**1096 EAST NEWPORT CENTER DR., STE. 100  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1102739**

Applied For

Not Applicable

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

**BAYNE, SHAWN**  
**200 E. BROWARD BLVD., STE. 1900**  
**FT LAUDERDALE FL 33301**

Name **Malcolm Butters**

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

**1096 E. Newport Center Drive, Suite 100**City **Deerfield Beach****FL**Zip Code **33442**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGRM BUTTERS, MALCOLM 1096 E. NEWPORT CENTER DR., #100 DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>MGR BUTTERS, MARK 1096 E. NEWPORT CENTER DR., #100 DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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**

4/29/02

(954) 570-8111

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

Date

Daytime Phone #

CR2E083 (9/01)