

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 008 ****50.00

DOCUMENT # L02000016729

1. Entity Name

HIGHER EDUCATION LOAN PROGRAM, LLC

XANTHUS HIGHER EDUCATION LOAN PROGRAM LLC

Principal Place of Business

204 37TH AVE. NORTH #347
ST. PETERSBURG FL 33704

Mailing Address

204 37TH AVE. NORTH #347
ST. PETERSBURG FL 33704

2. Principal Place of Business

735 ARLINGTON AVE. N.

Suite, Apt. #, etc.

204

3. Mailing Address

735 ARLINGTON AVE. N.

Suite, Apt. #, etc.

204

City & State

St. Petersburg FL

Zip

33701

Country

City & State

St. Petersburg FL

Zip

33701

Country

4. FEI Number

02-0629545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

30058543



6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
101 EAST KENNEDY BLVD. SUITE 1030
TAMPA FL 33602

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	PRETOR MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. ZACH	
STREET ADDRESS	1124 SEVILLE LANE NE	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33704	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND A. OTTS	
STREET ADDRESS	415 13th AVENUE NE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	BRIAN R. GREEN MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN R. GREEN	
STREET ADDRESS	4618 1st Street N. # 401	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33703	
TITLE	TERRY MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY BARLOW	
STREET ADDRESS	89-91 Basingstoke Rd Reading	
CITY-ST-ZIP	BERSHIRE RgZ United Kingdom	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **SIGNATURE REQUIRED**

4/12/03

727 895 8956

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

Date

Daytime Phone #

CR2E083 (10/02)