

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000686**

1. Entity Name
THE SAGEMONT SCHOOL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 10: 02

Principal Place of Business 1570 TOWN CENTER CIRCLE WESTON FL 33326	Mailing Address 1570 TOWN CENTER CIRCLE WESTON FL 33326-3642
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0607202		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
FINEBERG, LIBO B ESQ 3500 GATEWAY DRIVE STE 201 POMPANO BEACH FL 33069				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM SAGEMONT, CORP.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3500 GATEWAY DR., #201, C/O LIBO FINEBERG		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZIP		
TITLE NAME	MGRM NOBEL EDUCATION DYNAMICS, INC.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1400 N. PROVIDENCE RD.		STREET ADDRESS		
CITY-ST-ZIP	MEDIA PA 19063		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

500003178505--3
-03/21/00--01108--002
*****55.00 *****55.00

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: *X Renee K. Goldman* **SIGNATURE REQUIRED** *Renee K. Goldman* President of Sagemont Corp. Member/Manager Date *2-25-00* Daytime Phone # *954-384-5454*

CR2E083 (9/99)