

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001542

1. Entity Name

SB UNIVERSITY L.L.C.

FILED

00 JAN 18 PM

SECRETARY OF  
TALLAHASSEE, FL

Principal Place of Business

2005 WEST CYPRESS CREEK ROAD, SUITE 202  
FORT LAUDERDALE FL 33309

Mailing Address

2005 WEST CYPRESS CREEK ROAD, SUITE 202  
FORT LAUDERDALE FL 33309-1835



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

65-0880326

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAYNE, SHAWN

200 EAST BROWARD BOULEVARD, SUITE 1900  
FORT LAUDERDALE FL 33301

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BUTTERS, SAM  
2005 WEST CYPRESS CREEK ROAD, SUITE 202  
FORT LAUDERDALE FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
800003115068--5  
-01/28/00--01092--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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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**

Jan. 14, 2000

(954) 771-5056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #