## 2002 UNIFORM BUSINESS REPORT (UBR)

## L99000003745 ° **DOCUMENT #** 1. Entity Name THE SAGEMONT UPPER SCHOOL, LLC

## May 12, 2002 8:00 am Secretary of State 05-12-2002 90581 022 \*\*\*\*55.00

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Principal Pla	ce of Business	Ma	ailing Address														
2585 GLADES CIRCLE WESTON FL 33326			2585 GLADES CIRCLE WESTON FL 33326				957479										
2. Principal	Place of Business	3. N	Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE										
City & State			City & State				4. FEI Number 65-0929685 Applied For										
Zip	Country	Z	ip	Cour	ntry	5 Cort	ificate of 9	<del></del> ·-		→         \$		-					
						DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0929685   Applied For Not Applicable    Country					Fee Required						
	6. Name and Address of Current	Regist	ered Agent	_	Name	7. Nam	e and Ad	dress of N	ew Regis	tered Aç	jent						
EIN	EPERO LIDO P. ECO				Name												
350	EBERG, LIBO B ESQ DO GATEWAY DRIVE, SUITE 201				Street Address (P.O. Box Number is Not Acceptable)												
FU	MPANO BEACH FL 33069				ļ												
					City					FL	Zip Cod	ie					
8. The above	named entity submits this statement for	or the pu	rpose of changing its	register	ed office or reg	istered agent,	or both, ir	the State	of Florida		·						
SIGNATURE	Signature, typed or printed name of registered agent																
	organization, typed or printed trains or registered agent	and the in	sphicable. (NOT	:: Hegistere	a Agent signature re	quired when reinstat	ting)		<del></del> -	DATE							
		i	1														
				DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0929685   Applied For Not Applicable    5. Certificate of Status Desired   \$5.00 Additional    Fee Required   T. Name and Address of New Registered Agent    Name   Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code    City   FL   Zip Code    Ging its registered office or registered agent, or both, in the State of Florida.  (NOTE: Registered Agent signature required when releasating)   DATE    LE NOW!!! FEE IS \$50.00    Sock Payable to Department of State Due By May 1, 2002    10.   ADDITIONS/CHANGES   City-St-Zip    11.   ADDITIONS/CHANGES   City-St-Zip    12.   Change   Addition    Resident Aloness   City-St-Zip    13.   Change   Addition    14.   Change   Addition    15.   Change   Addition    16.   Change   Addition    17. Name and Address of New Registered Agent    18.   Addition    19.   Change   Addition    20.   Change   Addition    20.   Change   Addition    21.   Change   Addition    22.   Change   Addition    23.   Change   Addition    24.   Change   Addition    25.   Change   Addition    26.   Change   Addition    26.   Change   Addition    27.   Change   Addition    28.   Change   Addition    28.   Change   Addition    29.   Change   Addition    29.   Change   Addition    29.   Change   Addition    20.   Change   Add													
					ay 1, 2002				_								
9.	MANAGING MEMBE	RS/MA						ADDITIC	NS/CHA								
TITLE NAME	MGRM SAGEMONT CORP.		☐ Delete		ſ						_ Change	Addition					
STREET ADDRESS	1570 TOWN CENTER CIRCLE			1													
CITY-ST-ZIP	WESTON FL 33326																
TITLE	MGRM	<del>-</del> '	☐ Delete			<del></del>						□ Addition					
NAME	GOLDMAN, RICHARD		□ Delete							Ĺ	Change	Addition					
STREET ADDRESS	1570 TOWN CENTER CIRCLE				·												
CITY-ST-ZIP	WESTON FL 33326			CITY-	ST-ZIP												
IITLE	MGRM	••	☐ Delete	TITLE						r	Change	☐ Addition					
IAME	GOLDMAN, RENEE			NAME						L							
STREET ADDRESS	1570 TOWN CENTER CIRCLE																
CITY-ST-ZIP	WESTON FL 33326		<del></del>	CITY-	ST-ZIP												
ITLE	MGRM		Delete	TITLE		,			-		Change	☐ Addition					
IAME	FINEBERG, LIBO B																
STREET ADDRESS SITY-ST-ZIP	3500 GATEWAY DRIVE, SUITE 2	201															
	POMPANO BEACH FL 33069																
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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.

Renee K. Goldman