

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006224

1. Entity Name

INTERNATIONAL CENTER FOR EXCELLENCE IN EDUCATION
, L.L.C.

Principal Place of Business

5500 34TH STREET W
BRADENTON FL 34210

Mailing Address

5500 34TH STREET W
BRADENTON FL 34210

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCCOMB, WILLIAM E
2828 S. TAMiami TRAIL
SARASOTA FL 34239

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MCCOMB, WILLIAM E
STREET ADDRESS 2828 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE MGR
NAME BAND, DAVID S
STREET ADDRESS 240 S. PINEAPPLE AVENUE, 10TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE MGR
NAME ODELL, RICHARD
STREET ADDRESS 5500 34TH STREET W
CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]* **NON RESIDENT REQUIRED**

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

Date

Daytime Phone #

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90082 038 ****50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951597
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CR2E083 (9/01)