

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90010 043 ****50.00

DOCUMENT # MO1000001595

1. Entity Name
EDUCATIONAL FIELD STUDIES, LLC

Principal Place of Business

**926 INCLINE WAY
 INCLINE VILLAGE NV 89451**

Mailing Address

**926 INCLINE WAY
 INCLINE VILLAGE NV 89451**

2. Principal Place of Business

3. Mailing Address

590 PETER JEFFERSON PKWY

Suite, Apt. #, etc.

300

City & State

CHARLOTTEVILLE, VA

Zip

22911

Country

USA

4. FEI Number

54-1958162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 *W. J. Ryan* **CONTROLLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**HGRM
 JAMES HALL
 590 PETER JEFFERSON PKWY STE 300
 CHARLOTTEVILLE, VA 22911**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**HGRM
 TERRI MORRIS LIONE
 590 PETER JEFFERSON PKWY STE 300
 CHARLOTTEVILLE, VA 22911**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**HGRM
 JEFFREY DAVIS
 590 PETER JEFFERSON PKWY STE 300
 CHARLOTTEVILLE, VA 22911**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**HGR
 WILLIAM J. RYAN
 590 PETER JEFFERSON PKWY STE 300
 CHARLOTTEVILLE, VA 22911**

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:

W. J. Ryan **SIGNATURE REQUIRED**

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

1/8/02

Date

(434) 982-8741

Daytime Phone #

CR2E083 (9/01)