# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 05, 2001 8:00 am**
**Secretary of State**
05-02-2001 90138 004 ****70.00

DOCUMENT # N00000001525

1. Entity Name

EVERGLADES COLLEGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1401 NE 10TH ST<br>POMPANO BEACH FL 33060 | 1401 NE 10TH ST<br>POMPANO BEACH FL 33060 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1500 NW 49th ST | 1500 NW 49th ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FT. LAUDERDALE, FL | City & State: FT. LAUDERDALE, FL |
| Zip: 33309 Country: USA | Zip: 33309 Country: USA |

4. FEI Number: 65-0216638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KEISER, ARTHUR<br>1500 NW 49TH ST<br>FT LAUDERDALE FL 33309 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVST<br>DR. ARTHUR KEISER<br>1500 NW 49th ST.<br>FT. LAUDERDALE, FL. 33309 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Chairperson (T)<br>James Waldman<br>2751 West Atlantic Blvd<br>Pompano Beach, FL 33069 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ms.<br>Maria Kondracki (T)<br>5900 N. Andrews Ave, Suite 250<br>Fort Lauderdale, FL 33309 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ms.<br>Catherine McKenzie (T)<br>6451 N. Federal Hwy., Ste 1113<br>Fort Lauderdale, FL 33308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mr.<br>Lipton McKenzie (T)<br>3520 W. Broward Blvd, Suite 217<br>Fort Lauderdale, FL 33312 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Dr.<br>Joseph Pace (T)<br>1230 South Southlake Drive<br>Hollywood, FL 33020 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED — 4/28/2001 — 954-776-4476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #