

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 16 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000001754**

1. Entity Name
DEVRY STUDENT ACTIVITIES ORGANIZATION INC.



Principal Place of Business
**4000 MILLENIA BLVD
ORLANDO FL 32839**

Mailing Address
**4000 MILLENIA BLVD
ORLANDO FL 32839**

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 **NOT APPLICABLE**
59-3701200

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
NAME **PAGAN, PABLO**
STREET ADDRESS **4000 MILLENIA BLVD**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** Delete
NAME **ABASS, JAMEER**
STREET ADDRESS **4000 MILLENIA BLVD**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
NAME **600022370916**
STREET ADDRESS **08/18/03--01022--001**
CITY-ST-ZIP ****\$61.25**

TITLE **DTS** Delete
NAME **BRAY, KAREN**
STREET ADDRESS **4000 MILLENIA BLVD**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME **SECKNER, BRANDI**
STREET ADDRESS **4000 MILLENIA BLVD**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** Delete
NAME **STARKS, MARIO**
STREET ADDRESS **4000 MILLENIA BLVD**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DE** Delete
NAME **WOOLFE, MICHAEL**
STREET ADDRESS **4000 MILLENIA BLVD**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

07-25-03

(407) 355-4861

Date

Daytime Phone #

CR2E037 (4/03)

21 8/16