

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005356

DOCUMENT # N01000005338

1. Entity Name

THE COUNCIL OF HIGHER EDUCATION INSTITUTIONS OF  
FLORIDA, INC.

Principal Place of Business

Mailing Address

301 S. BRONOUGH ST., STE. 200  
TALLAHASSEE FL 32301-1722

301 S. BRONOUGH ST., STE. 200  
TALLAHASSEE FL 32301-1722

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

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

HARRIS, BOB L ESQ  
301 S. BRONOUGH ST., STE. 200  
TALLAHASSEE FL 32301-1722

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 \$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 C ☐ Delete  
NAME FIKE, C.M.  
STREET ADDRESS 1401 W. CYPRESS CREEK RD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition  
NAME 100004851151--2  
STREET ADDRESS -01/31/02--01076--004  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE VC ☐ Delete  
NAME BEAUREGARD, MIKE  
STREET ADDRESS 1401 W. CYPRESS CREEK RD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE ST ☐ Delete  
NAME HARRIS, BOB  
STREET ADDRESS 301 S. BRONOUGH ST., STE. 200  
CITY-ST-ZIP TALLAHASSEE FL 32301-1722

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 BOB L. HARRIS 1/17/02 222-3471-850-

FILED

02 JAN 22 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)