

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44227

1. Entity Name

STUDENTS ABROAD FOR EDUCATION, INC.

Principal Place of Business

3415 NW 13TH AVE.  
GAINESVILLE FL 32605-817  
US

Mailing Address

3415 NW 13TH AVE.  
GAINESVILLE FL 32605-817  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3087507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, J. NORMAN  
1100-B NW 8TH AVE.  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name SAME - new address

Street Address (P.O. Box Number is Not Acceptable)

1135 N.W. 23 Ave., Ste. M

City GAINESVILLE

FL

Zip Code

32609

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

1-7-02

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

TITLE DP ☐ Delete  
NAME SCHIFFERMULLER, W. JOHN  
STREET ADDRESS 3415 NW 13 AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE DS ☐ Delete  
NAME SCHIFFERMULLER, DONNA  
STREET ADDRESS 3415 NW 13 AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE DT ☐ Delete  
NAME CRAIG, J. NORMAN  
STREET ADDRESS 4118 NW 70 TERR.  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
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

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 lines empowered.

SIGNATURE:

W. John Schiffmuller

Date

Daytime Phone #

1/7/02 352-375-8505

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90024 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)