

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

FILED

Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90912 050 ****61.25

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

108 Woodshire Lane
Suite, Apt #, etc.

3. Mailing Address

108 Woodshire Lane
Suite, Apt #, etc.

City & State

Naples, FL

Zip
34105-7427

Country

USA

City & State

Naples, FL

Zip
34105-7427

Country

USA

4. FEI Number 59-3087507

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

CRAIG, J. NORMAN
1135 NW 23 AVE.,
SUITE M
GAINESVILLE FL 32609

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. 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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHIFFERMULLER, W. JOHN	
STREET ADDRESS	3415 NW 13 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SCHIFFERMULLER, DONNA	
STREET ADDRESS	3415 NW 13 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRAIG, J. NORMAN	
STREET ADDRESS	4118 NW 70 TERR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	108 Woodshire Lane
CITY-ST-ZIP	Naples, FL 34105-7427
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS NANCY P. GINTER
STREET ADDRESS	108 Woodshire Lane
CITY-ST-ZIP	Naples, FL 34105-7427
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: W. JOHN SCHIFFERMULLER

(239) 262-4412

CR2E037 (10/02)