

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001901

1. Entity Name

KATOH LYNN COLLEGE, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90163 017 \*\*\*\*61.25

Principal Place of Business

3601 NORTH MILITARY TRAIL  
BOCA RATON FL 33431

Mailing Address

3601 NORTH MILITARY TRAIL  
BOCA RATON FL 33431-5507

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0910534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

RUDDY, MARGARET E  
3601 NORTH MILITARY TRAIL  
BOCA RATON FL 33431

## 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.

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

TITLE PD ☐ Delete  
NAME KATOH, MASAHIDE  
STREET ADDRESS 3601 NORTH MILITARY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE DV ☐ Delete  
NAME NEGAMI, STEVE  
STREET ADDRESS 3601 NORTH MILITARY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE V ☐ Delete  
NAME DEVEAU, LYNLEY  
STREET ADDRESS 3601 NORTH MILITARY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ Delete  
NAME ROSS, DONALD E  
STREET ADDRESS 3601 NORTH MILITARY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33431

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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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 like empowered.

SIGNATURE: *Masahide Katoh* January 14, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)