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FILED
Jul 18, 2001 8:00 am
Secretary of State

05-12-2001 90020 046 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024132

1. Entity Name

MCO VACATIONAL UNIVERSITY, INC.

(LA)

Principal Place of Business	Mailing Address
3509 N.W. 19TH STREET 2211-N.E, 12th Ter GAINESVILLE FL 32605 32609	3509 N.W. 19TH STREET 2211 N.E. 12th GAINESVILLE FL 32605 32609

[redacted]

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2211 N.E. 12th Ter	P.O. Box 5625
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville Fl	City & State: GAINESVILLE FL
Zip: 32609	Zip: 32627
Country: U.S.A	Country

4. FEI Number 59-3647707 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, EMMA E
3509 N.W. 19TH STREET → 2211 N.E. 12th Ter
GAINESVILLE FL 32605 32609

7. Name and Address of New Registered Agent

Name: EMMA E MCDONALD
Street Address (P.O. Box Number is Not Acceptable): 2211 N.E. 12th TERRACE
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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: EMMA. E McDONALD. 2211, N.E. 12th TERR GAINESVILLE FL 32609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: EMMA. E. McDONALD 2211, N.E. 12th TERRACE GAINESVILLE FL 32609 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E McDonald = EMMA. E. McDONALD PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #