

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29503

1. Entity Name

SCHILLER INTERNATIONAL UNIVERSITY, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90016 008 ***158.75

Principal Place of Business

Mailing Address

CORPORATE TRUST CO.
1209 ORANGE ST.
WILMINGTON DE 19801-1196

SCHILLER INTERNATIONAL UNIVERSITY
ATTN THOMAS LEIBRECHT
SCHLOSS. INGERSHEIM GERMANY 74379

2. Principal Place of Business

3. Mailing Address

~~Set~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2506969

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

LEIBRECHT, CHRISTOPH
453 EDGEWATER DR
DUNEDIN FL 34698

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

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS LEIBRECHT, WALTER W.
CITY-ST-ZIP 74379 INGERSHEIM
GERMAN

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FARRIS, ERDMUTHE TILL
CITY-ST-ZIP 540 WEST 122ND ST
NEW YORK NY

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

TITLE ☐ Delete
NAME S
STREET ADDRESS LEIBRECHT, HARALD
CITY-ST-ZIP 74379 INGERSHEIM
GERMANY

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

TITLE ☐ Delete
NAME D
STREET ADDRESS OETTLER, WOLF-FRITZ
CITY-ST-ZIP APARTADO POSTAL 20-187
MEXICO

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHANSON, DR. SVEN
CITY-ST-ZIP 15 COURT SQUARE
BOSTON MA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LEHMANN, PETER L
CITY-ST-ZIP 2740 HAMPTON PKWY
EVANSTON IL

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

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:

Thomas Leibrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3, 2000 (727) 736-5082
Date Daytime Phone #

CR2E034 (9/99)