

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90007 040 \*\*\*550.00

**DOCUMENT # P29503**

1. Entity Name

**SCHILLER INTERNATIONAL UNIVERSITY, INC.**

Principal Place of Business

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

Mailing Address

**SCHILLER INTERNATIONAL UNIVERSITY  
 ATTN THOMAS LEIBRECHT  
 SCHLOSS. INGERSHEIM GERMANY 74379**

2. Principal Place of Business

3. Mailing Address

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **LEIBRECHT, WALTER W.**  
 STREET ADDRESS **74379 INGERSHEIM**  
 CITY-ST-ZIP **GERMAN**

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete  
 NAME **LEHMANN, PETER L**  
 STREET ADDRESS **2740 HAMPTON PKWY**  
 CITY-ST-ZIP **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* 3 September 2001 727-736-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #