

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000065604

1. Corporation Name

SCHILLER INTERNATIONAL UNIVERSITY - UNIVERSITY D  
VISION, INC.

Principal Place of Business

453 EDGEWATER DR.  
DUNEDIN FL 34698

Mailing Address

453 EDGEWATER DR.  
DUNEDIN FL 34698

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90087 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

59-3405906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

EDWARDS, JOSEPH D  
201 NORTH FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DST  
LEIBRECHT, CHRISTOPH  
STREET ADDRESS 51-55 WATERLOO RD.  
CITY-ST-ZIP LONDON, GREAT BRITAIN

TITLE ☐ DELETE

NAME D  
OTTLE, WOLF-FRITZ  
STREET ADDRESS APARTADO POSTAL 20-187  
CITY-ST-ZIP MEXICO 20 DF, MEXICO CPO1000

TITLE ☐ DELETE

NAME D  
JOHANSON, SVEN  
STREET ADDRESS 15 COURT SQUARE  
CITY-ST-ZIP BOSTON MA 02108

TITLE ☐ DELETE

NAME D  
LEHMANN, PETER L  
STREET ADDRESS 2740 HAMPTON PARKWAY  
CITY-ST-ZIP EVANSON IL 60201

TITLE ☐ DELETE

NAME D  
AUGUST, IRMTRAUD  
STREET ADDRESS WAIMANNSTRASSE 32  
CITY-ST-ZIP 75334 STRAUBENHARDT-SCHWANN

TITLE ☐ DELETE

NAME D  
LEIBRECHT, HARALD  
STREET ADDRESS IM SCHLOB  
CITY-ST-ZIP 74379 INGERSHEIM, GERMANY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEIBRECHT

Date

4/1/99

Daytime Phone #

727-736-5082

CR2E034 (11/98)