

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 013 ***158.75

DOCUMENT # P94000065604

1. Entity Name
SCHILLER INTERNATIONAL UNIVERSITY - UNIVERSITY DIVISION, INC.



Principal Place of Business
**453 EDGEWATER DR.
DUNEDIN FL 34698**

Mailing Address
**SCHILLER INTERNATIONAL - ATTN: T. LEIBRECHT
BERGSTRASSE 106
6921 HEIDELBERG, GERMANY**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

69121 HEIDELBERG, GERMANY

Zip

Country

Zip

Country

4. FEI Number

59-3405906

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F & L CORP.
200 LAURA STREET NORTH
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LEIBRECHT, CHRISTOPH DR
453 EDGEWATER DRIVE
DUNEDIN FL 34698**

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AUGUST, IRMTRAUD
WAIDMANNSTRASSE 32
75334 STRAUBENHARDT-SCHWANN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TEINACHSTR. 6

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEIBRECHT, HARALD DR
IM SCHLOSS
74379 INGERSHEIM, GERMANY**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IM SCHLOSS

☒ Change ☐ Addition

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 607, 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:

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

April 15, 2003

Date

Daytime Phone #

727-736-5082

CR2E034 (10/02)