

8/21/01-90024-001-\$1,100.00-\$550.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000076567**1. Entity Name  
**THE UNIVERSITY OF SARASOTA, INC.**FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 21 PM 12: 58

77664



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5250 17TH STREET SUITE 3 SARASOTA FL 34235		Mailing Address 20 SOUTH CLARK ST. THIRD FLOOR CHICAGO IL 60603 US	
2. Principal Place of Business		3. Mailing Address 20 S. Clark St Suite, Apt. #, etc. Suite 2800 City & State Chicago, Illinois Zip 60603 Country USA	
Suite, Apt. #, etc.		City & State	
City & State		Country	
Zip		Country	
6. Name and Address of Current Registered Agent NRAJ SERVICES, INC. 528 EAST PARK AVENUE TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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.		Jeffrey R. Graves Assistant Secretary (NOTE: Registered agent signature required when reappointing) DATE 9/6/01	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVCH MARKOVITZ, MICHAEL C 5250 17TH STREET SARASOTA FL 34235 <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAB, KAREN 5250 17TH STREET SARASOTA FL 34235 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, LESLIE 5250 17TH STREET SARASOTA FL 34235 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITCHING, RUSSELL 5250 17TH STREET SARASOTA FL 34235 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, ARNOLD 5250 17TH STREET SARASOTA FL 34235 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTON, ROBERTA 5250 17 TH STREET SARASOTA FL 34235 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR T. GRADOWSKI 7/20/01 312 279-3803 Date Daytime Phone #			

0130698 AT

CR2E034 (5/01)