

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90071 030 ***150.00

DOCUMENT # P94000076567

1. Entity Name

THE UNIVERSITY OF SARASOTA, INC.



Principal Place of Business

**5250 17TH STREET
SUITE 3
SARASOTA FL 34235**

Mailing Address

**20 S. CLARK ST., STE 2800
CHICAGO IL 60603
US**

90017121



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business

3. Mailing Address

C/O EDMC 210 Sixth Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

33rd Floor

City & State

City & State

Pittsburgh PA

Zip

Country

Zip

Country

15222

USA

4. FEI Number

59-3335558

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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 **P** ☐ **Delete**
NAME **OTTEN, JAMES P**
STREET ADDRESS **20 SOUTH CLARK ST**
CITY-ST-ZIP **CHICAGO IL 60603**

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

TITLE **S** ☐ **Delete**
NAME **STEINBERG, FREDERICK W**
STREET ADDRESS **300 SIXTH AVE 8TH FLOOR**
CITY-ST-ZIP **PITTSBURGH PA 15222**

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

TITLE **T** ☐ **Delete**
NAME **GRIBBLE, KRISTEN P**
STREET ADDRESS **300 SIXTH AVE 8TH FLOOR**
CITY-ST-ZIP **PITTSBURGH PA 15222**

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

TITLE **D** ☐ **Delete**
NAME **KNUTSON, ROBERT B**
STREET ADDRESS **300 SIXTH AVE 8TH FLOOR**
CITY-ST-ZIP **PITTSBURGH PA 15222**

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

TITLE **D** ☐ **Delete**
NAME **GROELLA, ROBERT P**
STREET ADDRESS **300 SIXTH AVE 8TH FLOOR**
CITY-ST-ZIP **PITTSBURGH PA 15222**

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

TITLE **D** ☐ **Delete**
NAME **MCDOWELL, ROBERT T**
STREET ADDRESS **300 SIXTH AVE 8TH FLOOR**
CITY-ST-ZIP **PITTSBURGH PA 15222**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kristen P. Gribble, Treas. 1/23/03 412-562-0900

Date

Daytime Phone #

CR2E034 (10/02)