

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-29-2003 90037 004 \*\*\*158.75

**DOCUMENT # P95000005798**



1. Entity Name  
**SCHILLER INTERNATIONAL UNIVERSITY - UNIVERSITY D  
IVISION - LONDON BRANCH, INC.**

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

Mailing Address  
**SCHILLER INTERNATIONAL - ATTN: T LEIBRECHT  
BERGSTRASSE 106  
69121 HEIDELBERG, GERMANY**

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 **59-3408582**

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 **DCST** ☐ Delete  
NAME **LEIBRECHT, CHRISTOPH DR**  
STREET ADDRESS **51-55 WATERLOO RD.**  
CITY-ST-ZIP **LONDON SE1 8TX GREAT BRITAIN**

TITLE ☒ Change ☐ Addition  
NAME **453 EDGEWATER DR.**  
STREET ADDRESS **DUNEDIN FL 34698**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **OTTLE, WOLF-FRITZ**  
STREET ADDRESS **APARTADO POSTAL 20-187**  
CITY-ST-ZIP **MEXICO 20 DE MEXICO CPO -1000**

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **AUGUST, IRMTRAUD**  
STREET ADDRESS **WAIMANNSTRASSE 32, 75334 STRAUBENHARDT**  
CITY-ST-ZIP **GERMANY**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **TEINACHSTR.6, 75334 STRAUBENHARDT**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **IM SCHLOß, 74379 INGERSHEIM**  
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:

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

**APRIL 15, 2003 727-736-5082**

Date

Daytime Phone #

CR2E034 (10/02)