

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083804

1. Entity Name
THE UNIVERSITY OF LEARNING, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90446 039 ***150.00

Principal Place of Business
1896 PALM BEACH LAKES BLVD., STE. 103
W. PALM BEACH FL 33409
US

Mailing Address
1896 PALM BEACH LAKES BLVD., STE. 103
W. PALM BEACH FL 33409
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2215 NORTH MILITARY TRAIL
Suite, Apt. #, etc.
SUITE 100
City & State
WEST PALM BEACH FL.
Zip
33409
Country
USA

3. Mailing Address
2215 NORTH MILITARY TRAIL
Suite, Apt. #, etc.
SUITE 100
City & State
WEST PALM BEACH FL
Zip
33409
Country
USA

4. FEI Number 65-0788308
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RILL, DOUGLAS
1896 PALM BEACH LAKES
SUITE 103
WEST PLAM BEACH FL 33409

7. Name and Address of New Registered Agent
Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
2215 NORTH MILITARY TRAIL
SUITE 100
City WEST PALM BEACH FL Zip Code 33409

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 4/27/2001
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILL, DOUGLAS J		NAME		
STREET ADDRESS	1896 PALM BEACH LAKES BLVD., STE. 103		STREET ADDRESS	2215 NORTH MILITARY TRAIL #100	
CITY-ST-ZIP	W. PALM BEACH FL 33409		CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 4/27/2001 561-689-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)