

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026660

1. Entity Name  
S/CAMPUS E, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90080 028 \*\*\*150.00

Principal Place of Business  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

2. Principal Place of Business  
300 SE 2nd St.  
Suite, Apt. #, etc.

3. Mailing Address  
300 Se 2nd St.  
Suite, Apt. #, etc.

City & State  
Ft. Lauderdale, FL  
Zip  
33301

City & State  
Ft. Lauderdale, FL  
Zip  
33301

4. FEI Number 65-0822481

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DUKE, BRYAN W  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

## 7. Name and Address of New Registered Agent

Name  
PATRICIA JONES  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Stiles Corp.  
300 SE 2nd St.  
City Ft. Lauderdale, FL Zip Code 33301

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 *Patricia Jones*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/21/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EATON, DOUGLAS P	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	6400 N ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DUKE, BRYAN W	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRERA, ROCCO	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, TERRY W.	
STREET ADDRESS	300 SE. 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PATRICIA	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGON, DOUGLAS P.	
STREET ADDRESS	300 SE 2nd ST.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, JAMES W.	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SHEA, DENNIS F.	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, ROCCO	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

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: *Patricia Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patricia Jones

2/21/01 954/627-9300  
Date Daytime Phone #

CR2E034 (10/00)

Attachment

835723

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	V	Addition
NAME:	PALMER, STEPHEN R.	
STREET ADDRESS:	300 SE 2 <sup>nd</sup> St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	