#### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001171

Entity Name: AMERICAN UNIVERSITY OF THE CARIBBEAN, INC.

FILED
Jan 16, 2013
Secretary of State
CC6265213048

### **Current Principal Place of Business:**

3240 SW 34TH ST APT 1012 OCALA, FL 34474

## **Current Mailing Address:**

100 AIRPORT AVE CAY-1680 VENICE, FL 34285

FEI Number: 85-0322460 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

VROOMAN, JOHN 100 AIRPORT AVE CAY-1680 VENICE, FL 34285 US

VEIVIOE, I E 34203 00

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title D Title D

NameAIRONE, ELKENameDUCLONA, PIERREAddress25890-64TH AVENUEAddressRT NATIONAL 2

City-State-Zip: LANGLEY BC V4W 1-V3 City-State-Zip: LES CAYES SU HT811

Title D Title D

NameBAKER, DEBRANameVROOMAN, JOHNAddress1804 MILLER DRIVEAddress100 AIRPORT AVENUECity-State-Zip:LAWRENCE KS 66044City-State-Zip:VENICE FL 34285

Title D Title D

NameALBERTSON, DOUGLASNameDAVIS, PAULAddress280 NORTH STREETAddress2 OLD STAGE ROAD

City-State-Zip: BELCHERTOWN MA 01007 City-State-Zip: WEST HATFIELD MA 01088

Title D

Name SIMILIEN, ARSENE
Address RUE NATIONAL #2

City-State-Zip: LES CAYES SU HT 8110 HT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN VROOMAN

REGISTERED AGENT

01/16/2013