

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90017 007 ****70.00

DOCUMENT # 705807

1. Entity Name
FLAGLER COLLEGE, INC.

Principal Place of Business 74 KING STREET ST AUGUSTINE FL 32084	Mailing Address P.O. BOX 1027 ST AUGUSTINE FL 32085
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1157081	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUSSOM, KENNETH S
 4002 MOULTRIE FORESIDE BLVD.
 ST AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	RUSSOM, KENNETH S	
STREET ADDRESS	4002 MOULTRIE FORESIDE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ABARE, WILLIAM JR	
STREET ADDRESS	311 ARPIEKA AVE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	CT	<input type="checkbox"/> Delete
NAME	UPCHURCH, FRANK	
STREET ADDRESS	3708 WATERWAY CT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONE, FRED M JR	
STREET ADDRESS	207 INLET DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MELTON, HOWELL W.	
STREET ADDRESS	41 CARRERA STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN D.	
STREET ADDRESS	47 AVISTON CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Kenneth S. Russom* **KENNETH S. RUSSOM** 2/8/01 904 829 6481 x280
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)