

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707232

1. Entity Name

WARNER SOUTHERN COLLEGE, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 027 ****70.00

Principal Place of Business

5301 U.S. HIGHWAY 27. SOUTH
LAKE WALES..FL 33853

Mailing Address

5301 U.S. HIGHWAY 27. SOUTH
LAKE WALES..FL 33853

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

59-1275800

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALL, GREGORY V.
5301 US HIGHWAY 27 SOUTH
LAKE WALES FL 33853

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	VT	<input type="checkbox"/> Delete
NAME	RODDEN, GREGORY A	
STREET ADDRESS	4813 AVON ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, GORDON	
STREET ADDRESS	421 THIRD STREET	
CITY-ST-ZIP	BUTLER PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, GREGORY	
STREET ADDRESS	5301 US HIGHWAY 27 S	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIGEL, BILL	
STREET ADDRESS	242 S LAKESHORE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAUSSEN, JIM	
STREET ADDRESS	185 BRWONING CIRCLE, SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRALEY, HENRY	
STREET ADDRESS	100 CREEKSIDE DRIVE	
CITY-ST-ZIP	GEROGETOWN KY	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY DODSON	
STREET ADDRESS	P.O. BOX 2446	
CITY-ST-ZIP	VERD BEACH FL 32960	
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	CD	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED GREGORY A. RODDEN

7/8/2000

843 438 725

CP2E037 (5/00)