## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 26, 2002 8:00 am Secretary of State **DOCUMENT # 707232** 1. Entity Name WARNER SOUTHERN COLLEGE, INC. 06-26-2002 90062 001 \*\*\*140.00 Principal Place of Business Mailing Address 5301 U.S. HIGHWAY 27, SOUTH 5301 U.S. HIGHWAY 27, SOUTH LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1275800 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HALL, GREGORY V. 5301 US HIGHWAY 27 SOUTH LAKE WALES FL 33853 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition Change RODDEN, GREGORY A NAME NAME **4813 AVON ST** STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE WALES FL 33853 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DODSON, HARVEY NAME NAME PO BOX 7646 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP vero Beach FL 32960 CITY-ST-ZIP Delete :--TITLE \_\_ Change \_ \_ \_\_\_\_Addition HALL, GREGORY NAME STREET ADDRESS **5301 US HIGHWAY 27 S** STREET ADDRESS CITY-ST-ZIP LAKE WALES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIGEL, BILL NAME 242 S LAKESHORE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition CLAUSSEN, JIM NAME NAME 185 BRWONING CIRCLE, SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP . i ☐ Delete TITLE Change

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 appears, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME ,

STREET ADDRESS

CITY-ST-ZIP

FRALEY, HENRY

GEROGETOWN KY

100 CREEKSIDE DRIVE

5/06/02 Date

☐ Addition