

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90005 034 ****61.25

DOCUMENT # 712633

1. Entity Name
BETHUNE-COOKMAN COLLEGE, INC.

Principal Place of Business 640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH FL 32114-3099	Mailing Address 640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH FL 32114-3099
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0704726		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MONTGOMERY, E. DEAN 640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH FL 32114-3099				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, WENDELL P JR		NAME		
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE	AV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, KIRIT A		NAME		
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDELL, KATHLEEN		NAME		
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3099		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, MARY ALICE		NAME		
STREET ADDRESS	6750 EPPING FOREST WAY N #106		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSON, OSWALD P SR., DR		NAME		
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3099		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, E. DEAN		NAME		
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3099		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 OF REGISTERED AGENT 5/25/01 904-255-1401 x352

CR2E037 (10/00)