

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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 59-0704726

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
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)

City

FL

Zip Code

MONTGOMERY, E. DEAN  
640 MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH FL 32114-3099

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

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 NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HOLMES, WENDELL P JR  
640 MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH FL 32114

☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T Marshall, J. Stanley, Dr.  
640 Dr. Mary McLeod Bethune  
Daytona Beach, FL 32114

☐ Change

☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AV  
PATEL, KIRIT A  
640 MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH FL 32114

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RYDELL, KATHLEEN  
640 MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH FL 32114-3099

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T Wells, Linda F., Esquire  
640 Dr. Mary McLeod Bethune Blvd.  
Daytona Beach, FL 32114

☐ Change

☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MASSEY, MARY ALICE  
6750 EPPING FOREST WAY N #106  
JACKSONVILLE FL 32207

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T Roughton, Phillip H., Reverend  
640 Dr. Mary McLeod Bethune Blvd.  
Daytona Beach, FL 32114

☐ Change

☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P BRONSON, OSWALD P SR., DR  
640 MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH FL 32114-3099

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V MONTGOMERY, E. DEAN  
640 MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH FL 32114-3099

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

*E. Dean Montgomery*

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 register 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 life empowered.

SIGNATURE: *E. Dean Montgomery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90707 035 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

5/13/02 386-481-2034  
Daytime Phone #