

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90005 025 ****70.00

DOCUMENT # N32493

1. Entity Name

BEACON COLLEGE, INC.

Principal Place of Business

Mailing Address

**105 E. MAIN ST.
LEESBURG FL 34748**

**105 E. MAIN ST.
LEESBURG FL 34748**

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

59-2961536

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

**BRODBECK, DEBORAH
105 E MAIN ST
LEESBURG FL 34748**

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

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 **TRS** ☐ Delete
NAME **TIMMENY, KAY**
STREET ADDRESS **8220 KAY COURT**
CITY-ST-ZIP **ANNANDALE VA 22003**

TITLE **TRS** ☐ Change ☒ Addition
NAME **Sam P. Battaglia**
STREET ADDRESS **48 Enclosure**
CITY-ST-ZIP **Nutley, NJ 07110**

TITLE **TR** ☐ Delete
NAME **NEILL, SYLVIA**
STREET ADDRESS **1505 WATERSIDE DR**
CITY-ST-ZIP **MCKINNEY TX 75070**

TITLE **TRS** ☐ Change ☒ Addition
NAME **Dr. Daniel Coleman**
STREET ADDRESS **1140 Valley Creek Run**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **TR** ☒ Delete
NAME **D'ADDARIO, JOHN**
STREET ADDRESS **19 DANTON LANE NORTH**
CITY-ST-ZIP **LATTINGTOWN NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRC** ☐ Delete
NAME **ZICCOLELLA, VINCENT**
STREET ADDRESS **1906 A STREET**
CITY-ST-ZIP **BELLMAR NJ 08031**

TITLE ☒ Change ☐ Addition
NAME **Chairman of the Board**
STREET ADDRESS **Ziccollella, Vincent**
CITY-ST-ZIP **Mariner Sands**

TITLE **TREASURER** ☒ Delete
NAME **CALVIN SANSON**
STREET ADDRESS **4005 SHADY OAK COURT**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition
NAME **6205 Ironwood Circle**
STREET ADDRESS
CITY-ST-ZIP **Stuart, Florida 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Deborah A. Brodbeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2002
Date

352-787-7660
Daytime Phone #

CR2E037 (9/01)