2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90647 043 ****80.00

DOCUMENT # N96000002831

1. Entity Name
SAINT MICHAEL'S COLLEGE, INC.

Principal Place of Business	Mailing Address
6617 MEMORIAL HWY TAMPA FL 33615	6617 MEMORIAL HWY TAMPA FL 33615

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO BOX 260473	PO BOX 260473
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33685 Country: USA	Zip: 33685 Country: USA

4. FEI Number 59-3384022 ☐ 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
COMBS, PAUL 6617 MEMORIAL HWY TAMPA FL 33615	Name: PAUL H COMBS Street Address (P.O. Box Number is Not Acceptable): 13504 GALENA PL City: TAMPA FL **FL** Zip Code: 33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Paul H Combs PAUL H COMBS
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST COMBS, PAUL H REV 6617 MEMORIAL HWY TAMPA FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST COMBS PAUL H 13504 GALENA PL TAMPA FL 33626	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, NORMAN 426 CATSKILL AVENUE BRENTWOOD PA 15227	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL NESMITH 710 SALEM RD CLARKSVILLE TN 37040	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, CECILIA J 6550 LEXINGTON DR, APT 230 BEAUMONT FL 77706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAMELA ANN LECLERC 9236 ESTATE COVE CIRCLE RIVERVIEW FL 33569	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED PAUL H COMBS 4-15-03 813-920-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #