

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001319

1. Entity Name

COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRA

Principal Place of Business

1519 CLEARLAKE ROAD
COCOA FL 32922

Mailing Address

1519 CLEARLAKE ROAD
COCOA FL 32922

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

59-3336075

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

GAMBLE, DR. THOMAS E
BREVARD COMMUNITY COLLEGE
1519 CLEARLAKE RD
COCOA FL 32922

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

Thomas E. Gamble

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-01

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 ☐ Delete
NAME ~~ALEXANDER, TED J~~
STREET ADDRESS ~~PEARL RIVER COMMUNITY COLLEGE~~
CITY-ST-ZIP ~~POPLARVILLE MS 39470-2298~~

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

TITLE ☐ Delete
NAME D
STREET ADDRESS STANLEY, LARRY L
CITY-ST-ZIP COLLEGE OF THE MAINLAND
TEXAS CITY TX 77591

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, RONALD A
CITY-ST-ZIP PRINCE GEORGE'S COMMUNITY COLLEGE
LARGO MD 20772-2199

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARPENTER, RICHARD G
CITY-ST-ZIP JOHN C. CALHOUN STATE COMMUNITY COLLEGE
DECATUR AL 35609-2216

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CELMENTS, THOMAS H
CITY-ST-ZIP FOOTHILL COLLEGE
LOS ALTOS HILLS CA 94022

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GAMBLE, THOMAS E
CITY-ST-ZIP BREVARD COMMUNITY COLLEGE
COCOA FL 32922

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:

Thomas E. Gamble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321/632-1111, Ext.

62000



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)