

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 028 ****61.25

DOCUMENT # N94000001319

1. Entity Name

COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRANSFER, INC.

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

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 ☒ Delete
 NAME **D**
 STREET ADDRESS **STANLEY, LARRY L**
 CITY-STATE-ZIP **COLLEGE OF THE MAINLAND**
TEXAS CITY TX 77591

TITLE ☐ Change ☒ Addition
 NAME **F**
 STREET ADDRESS **HAYES, HOMER M**
 CITY-STATE-ZIP **College of the Mainland**
Texas City, TX 77591

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

TITLE ☐ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **CARPENTER, RICHARD G**
 CITY-STATE-ZIP **WISCONSIN TECHNICAL COLLEGE SYSTEM**
MADISON, WI 53707

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

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **CELMENTS, THOMAS H**
 CITY-STATE-ZIP **FOOTHILL COLLEGE**
LOS ALTOS HILLS CA 94022

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **GAMBLE, THOMAS E**
 CITY-STATE-ZIP **BREVARD COMMUNITY COLLEGE**
COCOA FL 32922

TITLE ☐ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **Gamble, Thomas E**
 CITY-STATE-ZIP **Brevard Community College**
Cocoa, FL 32922

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

TITLE ☐ Change ☒ Addition
 NAME **MD**
 STREET ADDRESS **Koller, Albert M.**
 CITY-STATE-ZIP **BCC Spaceport Center**
Kennedy Space Center, FL 32899

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

TITLE ☐ Change ☒ Addition
 NAME **MD**
 STREET ADDRESS **Koller, Albert M.**
 CITY-STATE-ZIP **BCC Spaceport Center**
Kennedy Space Center, FL 32899

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.

321/632-1111, Ext. 62000

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert M. Koller, Jr. 4/25/2002 321.449.5060

Date

Daytime Phone #