

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

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90096 030 \*\*\*\*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



☒ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEES \$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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, LARRY L	
STREET ADDRESS	COLLEGE OF THE MAINLAND	
CITY-STATE-ZIP	TEXAS CITY, TX 77591	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, RONALD A	
STREET ADDRESS	PRINCE GEORGE'S COMMUNITY COLLEGE	
CITY-STATE-ZIP	LARGO, MD 207722199	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARPENTER, RICHARD G	
STREET ADDRESS	JOHN C. CALHOUN STATE COMMUNITY COLLEGE	
CITY-STATE-ZIP	DECATUR, AL 356092216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CELEMENTS, THOMAS H	
STREET ADDRESS	FOOTHILL COLLEGE	
CITY-STATE-ZIP	LOS ALTOS HILLS, CA 94022	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBLE, THOMAS E	
STREET ADDRESS	BREVARD COMMUNITY COLLEGE	
CITY-STATE-ZIP	COCOA, FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hayes, Homer Dr.	
STREET ADDRESS	College of the Mainland	
CITY-STATE-ZIP	1200 Auburn Rd, Texas City, Tx 77591	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wisconsin Technical College System	
STREET ADDRESS	P.O. Box 7874, Madison, WI 53707	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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* **Thomas E. Gamble** **May 15, 2003** **321-634-3701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

037 (10/02)  
CR