

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 700307**

1. Entity Name

ROLLINS COLLEGE ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ROLLINS COLLEGE
1000 HOLT AVENUE, BOX 2736
WINTER PARK FL 32789ROLLINS COLLEGE
1000 HOLT AVENUE, BOX 2738
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

4. FEI Number

59-0703842Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, CYNTHIA R.
1000 HOLT AVE
WINTER PARK FL 32789

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

Cynthia Wood, Cynthia Wood, Exec. Director (D) 1/30/12

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 PD
NAME KAUFFMAN, PETER
STREET ADDRESS 11712 BLUE SMOKE TRAIL
CITY-ST-ZIP RESTON VA 22091 ☐ Delete (D)TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD
NAME KAUFFMAN, PETER
STREET ADDRESS 11712 BLUE SMOKE TRAIL
CITY-ST-ZIP RESTON VA 22091 ☒ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD
NAME CALER, WILLIAM
STREET ADDRESS 234 DYER ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete (D)TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ZVP
NAME DELCOLLIAND, MICHAEL
STREET ADDRESS 531 COLECROFT CT
CITY-ST-ZIP ALEXANDRIA VA 22314 ☐ Delete (D)TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME XXXX, PAMELA VAN DER LEE
STREET ADDRESS 13 LAKEVIEW RD
CITY-ST-ZIP TUXEDO PARK NY 10987 ☐ Delete (D)TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE 1VP
NAME BLAIR, NELLER
STREET ADDRESS 8219 N 74TH PLACE
CITY-ST-ZIP SCOTTSDALE AZ 85258 ☐ Delete (D)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:

Cynthia Wood, Cynthia Wood, Exec. Director (D) 1/30/12

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-20-2002 90028 046 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)