

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90371 024 ****61.25

0012/24

DOCUMENT # 700307

1. Entity Name

ROLLINS COLLEGE ALUMNI ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**ROLLINS COLLEGE
1000 HOLT AVENUE, BOX 2736
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

4. FEI Number **59-0703842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WOOD, CYNTHIA R. JENNIFER JOHANNESMEYER
1000 HOLT AVE - 2736
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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: 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

TITLE **D** ☐ Delete
NAME **KAUFFMAN, PETER**
STREET ADDRESS **11712 BLUE SMOKE TRAIL**
CITY-ST-ZIP **BOSTON VA 22091**

TITLE **D** ☐ Delete
NAME **CALER, WILLIAM**
STREET ADDRESS **234 DYER ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ Delete
NAME **DELCOLLIAND, MICHAEL**
STREET ADDRESS **531 COLECROFT CT**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE **D** ☐ Delete
NAME **VANDERLEE, PAMELA**
STREET ADDRESS **13 LAKEVIEW RD**
CITY-ST-ZIP **TUXEDO PARK NY 10987**

TITLE **D** ☐ Delete
NAME **BLAIR, NELLER**
STREET ADDRESS **8219 N 74TH PLACE**
CITY-ST-ZIP **SCOTTSDALE AZ 85258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **GILBERT KLEIN**
STREET ADDRESS **4017 30TH ST. N.**
CITY-ST-ZIP **ARLINGTON, VA 22207**

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

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

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

TITLE ☐ Change ☐ Addition
NAME **D BLAIR NELLER**
STREET ADDRESS **890 GEORGIA AVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 407-646-2296

CR2E037 (10/02)