

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90032 028 ****70.00

DOCUMENT # 704016

1. Entity Name

INTERNATIONAL COLLEGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1685 MEDICAL LANE

SUITE 200

FT. MYERS FL 33907-1157

US

1685 MEDICAL LANE

SUITE 200

FT. MYERS FL 33907-1157

US

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

59-0972013

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

JONES, DONALD C.

7855 126 AVE N

S-F

LARGO FL 34643

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 **PD** ☐ Delete
NAME **JONES, DONALD C**
STREET ADDRESS **7855 126TH AV. N**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Jones, Donald C**
STREET ADDRESS **7855 126th Av. N**
CITY-ST-ZIP **Largo FL**

TITLE **CVPD** ☐ Delete
NAME **DEVAUX, DOUGLAS**
STREET ADDRESS **7855 126TH AVENUE NORTH**
CITY-ST-ZIP **LARGO FL**

TITLE **CD** ☒ Change ☐ Addition
NAME **Devaux, Douglas**
STREET ADDRESS **7855 126th Avenue, N**
CITY-ST-ZIP **Largo, FL**

TITLE **S** ☐ Delete
NAME **JONES, GREGORY H.**
STREET ADDRESS **1685 MEDICAL LANE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Jones, Gregory H.**
STREET ADDRESS **1685 Medical Lane**
CITY-ST-ZIP **Ft. Myers, FL**

TITLE **D** ☐ Delete
NAME **JOHNSTON, DEAN**
STREET ADDRESS **5266 HOLLISTER AVE, BLDG 11**
CITY-ST-ZIP **SANTA BARBARA CA**

TITLE **D** ☐ Change ☒ Addition
NAME **Belcher, Steve**
STREET ADDRESS **4575 Via Royale, Suite 104**
CITY-ST-ZIP **Ft. Myers, FL**

TITLE **T** ☐ Delete
NAME **JONES, SHARON B.**
STREET ADDRESS **1685 MEDICAL LANE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Jones, Sharon**
STREET ADDRESS **1685 Medical Lane**
CITY-ST-ZIP **Ft. Myers, FL**

TITLE **D** ☐ Delete
NAME **HUSTON, JOHN**
STREET ADDRESS **1801 E. KIMBERLY RD**
CITY-ST-ZIP **DAVENPORT FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Patch, James**
STREET ADDRESS **1660 Gulf Blvd #408**
CITY-ST-ZIP **Clearwater FL**

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:

SIGNATURE RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02

941-939-4766

CR2E037 (9/01)