2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90088 012 ****61.25

DOCUMENT # 707000

1. Entity Name

TRINITY COLLEGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2430 TRINITY OAKS BLVD NEW PORT RICHEY FL 34655 US	TRINITY COLLEGE OF FLORIDA, INC. 2430 TRINITY OAKS BLVD. NEW PORT RICHEY FL 34655 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2430 Welbilt Blvd.	2430 Welbilt Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34655 Country: US	Zip: 34655 Country: US

4. FEI Number: 59-6155069 ☐ 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
MERRILL, MARK W. ICARD MERRILL CULLIS TIMM FUREN & GINSBERG 101 E. KENNEDY BLVD., SUITE 3570 TAMPA FL 33602	Name: J. Bradford Hines Street Address (P.O. Box Number is Not Acceptable): ~~9800 Fourth St. North~~ Suite 403 City: St. Petersburg **FL** Zip Code: 33702

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: J. Bradford Hines J. Bradford Hines 1/27/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ASH, TOM 15737 GREEN GLEN LANE SHADY HILLS FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPEED, GLEN C 7032 WOODIBIS DR NEW PORT RICHEY FL	XXX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Alford, Paul L Toccoa Falls College, Chapel Drive Toccoa Falls, GA 30598	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALING, GARY 5301 W CYRESS STREET, STE 307 TAMPA FL 33607	XXX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Lanpher, James E 2430 Welbilt Blvd. New Port Richey, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MASSEY, CHARLES 735 W EMMA STREET TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, RAYMOND E 5301 W. CYPRESS ST STE 307 TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAMPHER, BILL W 2430 TRINITY OAKS BLVD NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lanpher, Bill W 2430 Welbilt Blvd.	☒ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Bill W. Lanpher 2/16/00 727-376-6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #