2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90167 045 ****61.25

DOCUMENT # 715106

1. Entity Name

FLORIDA ASSOCIATION OF COMMUNITY COLLEGES, INC.

Principal Place of Business	Mailing Address
816 S ML KING TALLAHASSEE FL 32301 US	816 SOUTH MARTIN LUTHER KING BLVD TALLAHASSEE FL 32301 US

A00005706

DO NOT WRITE IN THIS SPACE

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 59-1423380 ☐ 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
ALBERTSON, HARRY T 816 S ML KING TALLAHASSEE FL 32301	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PE TRAYNORR, JOYCE CHIPOLA JUNIOR COLLEGE MARIANNA FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Traynom, Joyce Chipola Junior College ~~Marianna, FL 32446~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOJOCK, CHARLES DAYTONA BCH. COMMUNITY COLLEGE DAYTONA BEACH FL 32120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP Mojock, Charles Daytona Beach Community College ~~Daytona Beach, FL 32120~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY, TIM TALLAHASSEE COMM. COLLEGE TALLAHASSEE FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PE~~ Michael Comins Hillsborough Community College ~~Tampa, FL 33675~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERTSON, HARRY T 816 S ML KING TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP O'DANIEL, DALE CHIPOLA JUNIOR COLLEGE MARIANNA FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dianne Kostelny Okaloosa-Walton Community College Niceville, FL 32578	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUTTON, JOANNE BREVARD COMMUNITY COLLEGE COCOA FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ Debbie Bowe Central Florida Community College Ocala, FL 34478	☒ 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: _____ 1/10/00 850/222-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #