2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 08:00 AM
Secretary of State

DOCUMENT # 715106

1. Entity Name
FLORIDA ASSOCIATION OF COMMUNITY COLLEGES, INC.

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

2. Principal Place of Business	3. Mailing Address
816 S ML KING BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FL	City & State
Zip: 32301 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

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 US	Name: ALBERTSON HARRY T Street Address (P.O. Box Number is Not Acceptable): 816 S ML KING BLVD City: TALLAHASSEE FL Zip Code: 32301

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 _____ 01/11/2001
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	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	HUTTON JOANNE		NAME	PETERS JEFF	
STREET ADDRESS	BREVARD COMMUNITY COLLEGE		STREET ADDRESS	PALM BEACH COMMUNITY COLLEGE	
CITY-ST-ZIP	COCOA FL 32922		CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PP	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	O DALE		NAME	AYRES PATRICIA	
STREET ADDRESS	CHIPOLA JUNIOR COLLEGE		STREET ADDRESS	MIAMI-DADE COMMUNITY COLLEGE	
CITY-ST-ZIP	MARIANNA FL 32446		CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	ALBERTSON HARRY T		NAME	ALBERTSON HARRY T	
STREET ADDRESS	816 S ML KING		STREET ADDRESS	816 S ML KING BLVD	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	☐ Delete	TITLE	PE	☒ Change ☐ Addition
NAME	KELLY TIM		NAME	SHAFFER BILL	
STREET ADDRESS	TALLAHASSEE COMM. COLLEGE		STREET ADDRESS	SOUTH FLORIDA COMMUNITY COLLEGE	
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	PO	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MOJOCK CHARLES		NAME	COMINS MICHEAL	
STREET ADDRESS	DAYTONA BCH. COMMUNITY COLLEGE		STREET ADDRESS	HILLSBOROUGH COMMUNITY COLLEGE	
CITY-ST-ZIP	DAYTONA BEACH FL 32120		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PD	☐ Delete	TITLE	PP	☒ Change ☐ Addition
NAME	TRAYNORR JOYCE		NAME	TRAYNOM JOYCE	
STREET ADDRESS	CHIPOLA JUNIOR COLLEGE		STREET ADDRESS	CHIPOLA JUNIOR COLLEGE	
CITY-ST-ZIP	MARIANNA FL 32446		CITY-ST-ZIP	MARIANNA FL 32446	

CR2E037 (11/00)

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: DR. HARRY T. ALBERTSON ED 01/11/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #