

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734103

1. Entity Name

INTERNATIONAL COLLEGE, INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90081 016 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2654 E. TAMiami TRAIL  
NAPLES FL 34112

2654 E. TAMiami TRAIL  
NAPLES FL 34112-5707

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

59-6605703

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.  
SOUTHWEST FLORIDA COLLEGE  
1685 MEDICAL LANE  
FT. MYERS FL 33907

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	VPT	<input type="checkbox"/> Delete
NAME	JONES, DONALD C.	
STREET ADDRESS	7855 126TH AVE. N., # F	
CITY-ST-ZIP	LARGO FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	MCMAHAN, TERRY P.	
STREET ADDRESS	2654 E. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, JOHN W	
STREET ADDRESS	2654 E TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROCK, JEANETTE	
STREET ADDRESS	2654 E TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEVAUX, DOUGLAS F	
STREET ADDRESS	7855 126TH AVE., # F	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1685 Medical Lane	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*John W. White* John W. White

3/21/00 (941) 774-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)