

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0072716

DOCUMENT # 734103

1. Entity Name

INTERNATIONAL COLLEGE, INC.

01-24-2001 90029 023 *****70.00

Principal Place of Business

Mailing Address

**2654 E. TAMiami TRAIL
NAPLES FL 34112**

**2654 E. TAMiami TRAIL
NAPLES FL 34112**

00008403

2. Principal Place of Business

2655 Northbrooke Drive

Suite, Apt. #, etc.

3. Mailing Address

2655 Northbrooke Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-6605703

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

USA

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 ☐ Delete
NAME **VPT**
STREET ADDRESS **JONES, DONALD C.**
CITY-ST-ZIP **1685 MEDICAL LANE
FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **MCMAHAN, TERRY P.**
CITY-ST-ZIP **2654 E. TAMiami TRAIL
NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2655 Northbrooke Drive**
CITY-ST-ZIP **Naples, Florida 34119**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WHITE, JOHN W**
CITY-ST-ZIP **2654 E TAMiami TRAIL
NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2655 Northbrooke Drive**
CITY-ST-ZIP **Naples, Florida 34119**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BROCK, JEANETTE**
CITY-ST-ZIP **2654 E TAMiami TRAIL
NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2655 Northbrooke Drive**
CITY-ST-ZIP **Naples, Florida 34119**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DEVAUX, DOUGLAS F**
CITY-ST-ZIP **7855 126TH AVE., # F
LARGO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. White, Exec. VP

1/9/01 941-513-1122

Date

Daytime Phone #

CR2E037 (10/00)