

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000001937**

1. Entity Name

TOCCOA FALLS COLLEGE, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90070 022 ****61.25

Principal Place of Business

Mailing Address

**4050 COLONIAL BLVD
FT. MYERS FL 33906****PO BOX 61721
FT. MYERS FL 33906-1721**

00013673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0685908

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SHELLEY, MICHAEL
8321 WREN RD
FT MYERS FL 33912**

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 **P** ☐ Delete
NAME **ALFORD, PAUL DR**
STREET ADDRESS **360 CARLYLE CIRCLE**
CITY-ST-ZIP **TOCCOA FALLS GA 30598**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **GARDNER, WAYNE**
STREET ADDRESS **1007 OAK CLIFF DR**
CITY-ST-ZIP **TOCCOA GA 30577**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **MCCARTHY, JOHN DR**
STREET ADDRESS **940 GREEN VALLEY DR**
CITY-ST-ZIP **TOCCOA GA 30577**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **SILVERNAIL, W C**
STREET ADDRESS **106 BEAVER BROOK DR**
CITY-ST-ZIP **TOCCOA GA 30577**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DC** ☒ Delete
NAME **MIZELL, WILMER**
STREET ADDRESS **307 YOAKUM PKWY #517**
CITY-ST-ZIP **ALEXANDRIA VA 22304**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DC** ☐ Delete
NAME **FERRELL, SAMUEL**
STREET ADDRESS **2504 ESTEY AVE.**
CITY-ST-ZIP **NAPLES FL 33942-4301**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

1-706-886-6831

Date

Daytime Phone #