

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001937

1. Entity Name

TOCCOA FALLS COLLEGE, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90018 014 ****61.25

Principal Place of Business

4050 COLONIAL BLVD
FT. MYERS FL 33906

Mailing Address

PO BOX 61721
FT. MYERS FL 33906-1721

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

58-0685908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELLEY, MICHAEL
8321 WREN RD
FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name: JOE SCOGGINS
Street Address (P.O. Box Number is Not Acceptable)
1634 Cheshire Circle, N.
City Lehigh Acres FL Zip Code 33936

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALFORD, PAUL DR	
STREET ADDRESS	360 CARLYLE CIRCLE	
CITY-ST-ZIP	TOCCOA FALLS GA 30598	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER, WAYNE	
STREET ADDRESS	1007 OAK CLIFF DR	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCARTHY, JOHN DR	
STREET ADDRESS	940 GREEN VALLEY DR	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SILVERNAIL, W C	
STREET ADDRESS	106 BEAVER BROOK DR	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE	DC	<input type="checkbox"/> Delete
NAME	FERRELL, SAMUEL	
STREET ADDRESS	2504 ESTEY AVE.	
CITY-ST-ZIP	NAPLES FL 33942-4301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Donald Dr.	
STREET ADDRESS	328 Chapel Drive	
CITY-ST-ZIP	Toocoa Falls, GA. 30598	
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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willard, P.S.	
STREET ADDRESS	411 Bend N Hickory Rd.	
CITY-ST-ZIP	Toocoa, GA. 30577	
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: WAYNE GARDNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01
Date

706-886-6831
Daytime Phone #

CR2E037 (10/00)