# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 10, 2002 8:00 am**
**Secretary of State**
02-10-2002 90011 013 ****61.25

DOCUMENT # F96000001937

1. Entity Name

TOCCOA FALLS COLLEGE, INC. ✓

| Principal Place of Business | Mailing Address |
|---|---|
| 4000 COLONIAL BLVD<br>FT. MYERS FL 33966 | PO BOX 01721<br>FT. MYERS FL 33906-1721 |

DO NOT WRITE IN THIS SPACE

| 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 | 7. Name and Address of New Registered Agent |
|---|---|
| [redacted]<br>1634 CHESHIRE CIRCLE N.<br>LEHIGH ACRES FL 33936 | Name<br><br>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

[redacted]

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>YOUNG, DONALD DR.<br>328 CHAPEL DRIVE.<br>TOCCOA FALLS GA 30598 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V a Secretary<br>GARDNER, WAYNE<br>1007 OAK CLIFF DR<br>TOCCOA GA 30577 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MCCARTHY, JOHN DR<br>940 GREEN VALLEY DR<br>TOCCOA GA 30577 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WILLARD, P.S<br>411 BEND N. HICKORY RD.<br>TOCCOA GA 30577 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>FERRELL, SAMUEL<br>2504 ESTEY AVE.<br>NAPLES FL 33942-4301 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 1-25-02 706-886-6831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #