

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90076 001 \*\*\*140.00

**DOCUMENT # N00000001341**

1. Entity Name

**WARNER SOUTHERN COLLEGE FOUNDATION, INC.**

Principal Place of Business

5301 U.S. HWY. 27 S.  
 LAKE WALES FL 33853

Mailing Address

5301 U.S. HWY. 27 S.  
 LAKE WALES FL 33853

LA

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

59-3689467

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

WHITE, NORMAN  
 225 E. PARK AVE.  
 LAKE WALES FL 33853

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.

(NOT: 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 DC  
 NAME CHAPMAN, JAMES B  
 STREET ADDRESS 5208 CORAL BLVD.  
 CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

TITLE D  
 NAME WHITE, NORMAN  
 STREET ADDRESS 225 E. PARK AVE.  
 CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE DST  
 NAME PICKETT, DONALD  
 STREET ADDRESS 5301 U.S. HWY. 27 S.  
 CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE P  
 NAME HALL, GREGORY  
 STREET ADDRESS 5301 U.S. HWY. 27 S.  
 CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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 of James B. Chapman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)