

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002320

1. Entity Name

THE CHIPOLA REGIONAL SCIENCE AND ENGINEERING FAI

Principal Place of Business

Mailing Address

2903 JEFFERSON STREET
MARIANA FL 32446

2903 JEFFERSON STREET
MARIANA FL 32446

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

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

WALLER, FRANK E
2903 JEFFERSON STREET
MARIANA FL 32446

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
After September 12, 2001, min. will be \$236.25

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 D
NAME HUANG, PAUL
STREET ADDRESS CHIPOLA JR. COLLEGE, COLLEGE STREET
CITY-ST-ZIP MARIANNA FL ☒ Delete

TITLE D
NAME WALLER, FRANK E
STREET ADDRESS JCSB, JEFFERSON STREET
CITY-ST-ZIP MARIANNA FL ☐ Delete

TITLE D
NAME PRITCHARD, CAREN
STREET ADDRESS HYW. 90
CITY-ST-ZIP CHIPLEY FL ☒ Delete

TITLE S
NAME BARFIELD, PATRICIA
STREET ADDRESS CHIPOLA JUNIO COLLEGE, COLLEGE ST.
CITY-ST-ZIP MARIANNA FL ☐ Delete

TITLE T
NAME JACKSON, BEVERLY
STREET ADDRESS 2903 JEFFERSON STREET
CITY-ST-ZIP MARIANA FL 32446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director
NAME Tidwell, Allan
STREET ADDRESS 3094 Indian Circle
CITY-ST-ZIP Marianna, FL 32446 ☒ Change ☐ Addition

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

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

TITLE Secretary
NAME Joan Lasseter
STREET ADDRESS Chipola Junior College, 3094 Indian Circle
CITY-ST-ZIP Marianna, FL 32446 ☒ Change ☐ Addition

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

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

SIGNATURE

7-9-2001

850-482-1200

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90119 004 ****70.00

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DO NOT WRITE IN THIS SPACE

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