

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Sep 10, 2002 8:00 am
Secretary of State

05-15-2002 90074 022 ****61.25

DOCUMENT # N00000004351

1. Entity Name

SOUTHEASTERN UNIVERSITY, INC.

Principal Place of Business

1000 LONGFELLOW BLVD
 LAKELAND FL 33801

Mailing Address

1000 LONGFELLOW BLVD
 LAKELAND FL 33801

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KAUTZ, JOHN
1000 LONGFELLOW BLVD
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
33801

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 **D** ☐ Delete
 NAME **GLOVER, BILLY**
 STREET ADDRESS **5919 CARMICHAEL ROAD**
 CITY-ST-ZIP **MONTGOMERY AL 36117**

TITLE **SD** ☐ Delete
 NAME **BROWN, STEVEN**
 STREET ADDRESS **1230 RICHLAND STREET**
 CITY-ST-ZIP **COLUMBIA SC 29202**

TITLE **D** ☐ Delete
 NAME **RABURN, TERRY**
 STREET ADDRESS **1437 E MEMORIAL BLVD**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☐ Delete
 NAME **KELLY, CHARLES**
 STREET ADDRESS **190 CAMPGROUND ROAD**
 CITY-ST-ZIP **SELMA NC 27576**

TITLE **CD** ☐ Delete
 NAME **ADDISON, LESLIE**
 STREET ADDRESS **6330 PEAKE ROAD**
 CITY-ST-ZIP **MACON GA 31210**

TITLE **D** ☐ Delete
 NAME **RUTLAND, MARK**
 STREET ADDRESS **1000 LONGFELLOW BLVD**
 CITY-ST-ZIP **LAKELAND FL 33801**

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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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

5/2/02

Date

863-667-5006

Daytime Phone #

CR20037 (9/01)

South eastern College

Attachment

42460

September 6, 2002

Professional Ministry
Education
Communication
Music
Business
Social Sciences
English

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a photocopy of the FEI number application that is necessary to complete the filing of the uniform business report for Southeastern University, Inc.

#N00000004351

This information is being submitted later than requested as the attorney's office has just now completed the filing for the FEI number. We should be in receipt of the number shortly and will send the information to you as soon as we receive it.

Sincerely,



John Kautz III
Vice President for Administrative Services

JK/jh

Enclosure

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested SOUTHEASTERN UNIVERSITY, INC.	
	2 Trade name of business (if different from name on line 1) 1000 Longfellow Boulevard	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1000 Longfellow Boulevard	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Lakeland, FL 33801	5b City, state, and ZIP code
	6 County and state where principal business is located Polk	
	7a Name of principal officer, general partner, grantor, owner, or trustor Mark Rutland	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church controlled organization _____ <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Educational _____ <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprises Group Exemption Number (GEN) ▶ _____
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8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Educational <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	

10 Date business started or acquired (month, day, year) June 22, 2000	11 Closing month of accounting year June
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".	Agricultural 0	Household 0	Other 0
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14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Educational
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.	Legal name ▶ _____ Trade name ▶ _____
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year) City and state where filed Previous EIN
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Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
Designee's name Billy R. Ready	Designee's telephone number (include area code) (863) 965-2516
Address and ZIP code P. O. Box 1363, Auburndale, FL 33823	Designee's fax number (include area code) (863) 965-2421

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ John Kautz, III, V.P.A.S.	Applicant's telephone number (include area code) (863) 667-5000
Signature ▶ <i>John Kautz III</i> Date ▶ 9/6/2002	Applicant's fax number (include area code) (863) 667-5200

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)