

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	<input type="checkbox"/> Delete
NAME	GLOVER, BILLY	
STREET ADDRESS	5919 CARMICHAEL ROAD	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, STEVEN	
STREET ADDRESS	1230 RICHLAND STREET	
CITY-ST-ZIP	COLUMBIA SC 29202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RABURN, TERRY	
STREET ADDRESS	1437 E MEMORIAL BLVD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, CHARLES	
STREET ADDRESS	190 CAMPGROUND ROAD	
CITY-ST-ZIP	SELMA NC 27576	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ADDISON, LESLIE	
STREET ADDRESS	6330 PEAKE ROAD	
CITY-ST-ZIP	MACON GA 31210	
TITLE	D	<input type="checkbox"/> 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	<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	<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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Raburn
JOHN RABURN

5/2/02

Date

863-667-5006

Daytime Phone #

CR2E037 (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.)

EIN _____
OMB No. 1545-0003

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

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 trustee Mark Rutland	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Educational	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____

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 checked="" type="checkbox"/> Started new business (specify type) ▶ Educational	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
June 22, 2000

11 Closing month of accounting year
June

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

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	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> Other (specify) Educational	<input type="checkbox"/> Retail

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? Yes No
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 ▶ _____

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 _____

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

Third Party Designee	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 (includes area code) (863) 965-2421
		Applicant's telephone number (include area code) (863) 667-5000
		Applicant's fax number (include area code) (863) 667-5200

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.**

Signature ▶ *John Kautz III* Date ▶ **9/6/2002**