

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10822

1. Entity Name  
**ROLLINS COLLEGE**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90131 033 \*\*\*\*61.25

Principal Place of Business  
**1000 HOLT AVENUE  
WINTER PARK FL 32789-4499**

Mailing Address  
**1000 HOLT AVE 2715  
WINTER PARK FL 32789-4499  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0624440</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>TRISMEN, RICHARD F., ESQUIRE</b> <b>213 W COMSTOCK AVE</b> <b>WINTER PARK FL 32779</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 *Honore M Benz* Asst Treasurer DATE 1/21/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>CD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOEPNER, THEODORE J</b>		NAME		
STREET ADDRESS	<b>1000 HOLT AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORNSTEIN, RITA</b>		NAME		
STREET ADDRESS	<b>1000 HOLT AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		CITY-ST-ZIP		
TITLE	<b>VT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERBST, GEORGE H</b>		NAME		
STREET ADDRESS	<b>1000 HOLT AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRISMEN, RICHARD F.</b>		NAME		
STREET ADDRESS	<b>1000 HOLT AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMONDSON, CHARLES M.</b>		NAME		
STREET ADDRESS	<b>1000 HOLT AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERR, ANNE B</b>		NAME		
STREET ADDRESS	<b>1000 HOLT AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		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: *Honore M Benz* Asst Treasurer DATE 1/21/00 DAYTIME PHONE # 407 646 2125

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (9/99)