

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10822

FILED  
Feb 19, 2002 8:00 AM  
Secretary of State

Entity Name: ROLLINS COLLEGE

**Current Principal Place of Business:**

1000 HOLT AVENUE  
WINTER PARK, FL 327894499

**New Principal Place of Business:**

**Current Mailing Address:**

1000 HOLT AVE 2715  
WINTER PARK, FL 327894499 US

**New Mailing Address:**

FEI Number: 59-0624440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRISMEN, RICHARD F., ESQUIRE  
213 W COMSTOCK AVE  
WINTER PARK, FL 32779 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: RICE, CHARLES E  
Address: 1000 HOLT AVENUE  
City-St-Zip: WINTER PARK, FL

Title: PD ( ) Delete  
Name: BORNSTEIN, RITA,  
Address: 1000 HOLT AVENUE  
City-St-Zip: WINTER PARK, FL

Title: VT ( ) Delete  
Name: HERBST, GEORGE H  
Address: 1000 HOLT AVE  
City-St-Zip: WINTER PARK, FL

Title: S ( ) Delete  
Name: TRISMEN, RICHARD F.,  
Address: 1000 HOLT AVENUE  
City-St-Zip: WINTER PARK FL,

Title: V ( ) Delete  
Name: KERR, ANNE B  
Address: 1000 HOLT AVE  
City-St-Zip: WINTER PARK, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: MALEK, JAMES S  
Address: 1000 HOLT AVE  
City-St-Zip: WINTER PARK, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. MALEK

V

02/19/2002

Electronic Signature of Signing Officer or Director

Date