

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10822

FILED
Jan 08, 2003
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 (X) Delete
Name: KERR, ANNE B
Address: 1000 HOLT AVE
City-St-Zip: WINTER PARK, FL

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

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
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Address:
City-St-Zip:

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

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

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: GEORGE H. HERBST

VT

01/08/2003

Electronic Signature of Signing Officer or Director

Date