# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 26, 2000 8:00 am**
**Secretary of State**
01-26-2000 90030 032 ****70.00

DOCUMENT # N27521

1. Entity Name

STETSON UNIVERSITY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 421 NORTH WOODLAND BOULEVARD<br>UNIT 8278<br>DELAND FL 32720 | 421 NORTH WOODLAND BOULEVARD<br>UNIT 8278<br>DELAND FL 32720-3756 |

DO NOT WRITE IN THIS SPACE

| 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 59-0624416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STRYKER, JUDSON P<br>421 NORTH WOODLAND BOULEVARD<br>UNIT 8278<br>DELAND FL 32720-3756 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LEE, H. DOUGLAS<br>421 NORTH WOODLAND BOULEVARD<br>DELAND FL 32720 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MASTER, JOSEPH J<br>505 E NEW YORK AVE. STE. 3<br>DELAND FL 32724 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>STRYKER, JUDSON P<br>421 NORTH WOODLAND BLVD<br>DELAND FL 32720 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LEWICKI, LEE MCGRAW<br>1500 MAIN STREET<br>WALTHAM MA 02154-1623 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RINKER, DAVID B<br>% STETSON UNIV, 421 N WOODLAND BLVD<br>DELAND FL 32720 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAND, DOLLY<br>% STETSON UNIV, 421 N WOODLAND BLVD<br>DELAND FL 32720 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 REQUIRED January 18, 2000 (904) 822-7015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Judson P. Stryker, Vice President for Finance