2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N27521

Entity Name: STETSON UNIVERSITY, INC.

Current Principal Place of Business:

421 NORTH WOODLAND BOULEVARD
UNIT 8278
DELAND, FL 32720

New Principal Place of Business:

421 NORTH WOODLAND BOULEVARD
UNIT 8278
DELAND, FL 32723

Current Mailing Address:

421 NORTH WOODLAND BOULEVARD
UNIT 8278
DELAND, FL 32720

New Mailing Address:

421 NORTH WOODLAND BOULEVARD
UNIT 8278
DELAND, FL 32723

FEI Number: 59-0624416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWLING, SALLY A
421 NORTH WOODLAND BOULEVARD
UNIT 8278, ELIZABETH HALL, RM. 103
DELAND, FL 327203756 US

Name and Address of New Registered Agent:

DOWLING, SALLY A
421 NORTH WOODLAND BOULEVARD
UNIT 8278, ELIZABETH HALL, RM. 103
DELAND, FL 327233756 US

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: _____ 04/30/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LEE, H. DOUGLAS	
Address:	421 NORTH WOODLAND BOULEVARD	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	LANDERS, JOSEPH W JR.	
Address:	% STETSON UNIV., 421 N WOODLAND BLVD	
City-St-Zip:	DELAND, FL 327203756	
Title:	V	( ) Delete
Name:	DOWLING, SALLY A	
Address:	421 NORTH WOODLAND BLVD	
City-St-Zip:	DELAND, FL 32720	
Title:	V	( ) Delete
Name:	BEASLEY, JAMES R	
Address:	% STETSON UNIV., 421 N WOODLAND BLVD	
City-St-Zip:	DELAND, FL 327203756	
Title:	D	( ) Delete
Name:	RINKER, DAVID B	
Address:	% STETSON UNIV, 421 N WOODLAND BLVD	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	HAND, DOLLY	
Address:	% STETSON UNIV, 421 N WOODLAND BLVD	
City-St-Zip:	DELAND, FL 32720	

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:	( ) 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: SALLY A DOWLING V 04/30/2003
Electronic Signature of Signing Officer or Director — Date