2000 UNIFORM BUSINESS REPORT (UBR)

INK93382

APPROVED AND FILED

00 APR 25 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001761

1. Entity Name

THE FLORIDA COUNCIL OF PRIVATE COLLEGES, INC.

Principal Place of Business	Mailing Address
~~2222 E HINSON AVE~~ HAINES CITY FL 33844	~~2222 E HINSON AVE~~ HAINES CITY FL 33844-4902

DO NOT WRITE IN THIS SPACE

59-3584371

2. Principal Place of Business	3. Mailing Address
41 N. 20th Street, #17	41 N. 20th Street, #17
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33844-4638 Country	Zip 33844-4638 Country

4. FEI Number ~~NOT APPLICABLE~~ ☐ 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
LEE, EARLE E 41 N. 20TH STREET, #17 ~~UNIT 17~~ HAINES CITY FL 33844	Name Street Address (P.O. Box Number is Not Acceptable) 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 Earle E. Lee Earle E. Lee April 23, 2000

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

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	D LEE, EARLE E 41 N. 20TH STREET, ~~UNIT 17~~ #17 HAINES CITY FL 33844 – 4638	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, CHARLES 5238 SAN JUAN AVE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003238329--2 -05/03/00--01134--019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE, LARRY E 2240 EDGEWOOD DRIVE PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****70.00 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, FREDERICK H 9012 SUMMIT CENTER WAY ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Earle E. Lee Earle E. Lee April 23, 2000 863-422-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #