

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001319

1. Entity Name

COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRA

Principal Place of Business

1519 CLEARLAKE ROAD
COCOA FL 32922

Mailing Address

1519 CLEARLAKE ROAD
COCOA FL 32922-6598

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

59-3336075

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

GAMBLE, DR. THOMAS E
BREVARD COMMUNITY COLLEGE
1519 CLEARLAKE RD
COCOA FL 32922

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

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 D ☐ Delete
NAME ALEXANDER, TED J
STREET ADDRESS PEARL RIVER COMMUNITY COLLEGE
CITY-ST-ZIP POPLARVILLE MS 39470-2298

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STANLEY, LARRY L
STREET ADDRESS COLLEGE OF THE MAINLAND
CITY-ST-ZIP TEXAS CITY TX 77591

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BICKFORD, ROBERT
STREET ADDRESS PRINCE GEORGE'S COMMUNITY COLLEGE
CITY-ST-ZIP LARGO MD 20772-2199

TITLE ☐ Change ☐ Addition
NAME Ronald A. Williams
STREET ADDRESS Prince George's Community College
CITY-ST-ZIP LARGO MD 20772-2199

TITLE D ☐ Delete
NAME CARPENTER, RICHARD G
STREET ADDRESS JOHN C. CALHOUN STATE COMMUNITY COLLEGE
CITY-ST-ZIP DECATUR AL 35609-2216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CELMENTS, THOMAS H
STREET ADDRESS FOOTHILL COLLEGE
CITY-ST-ZIP LOS ALTOS HILLS CA 94022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GAMBLE, THOMAS B
STREET ADDRESS BREVARD COMMUNITY COLLEGE
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Change ☐ Addition
NAME Gamble, Thomas E
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas E. Gamble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321/632-1111, Ext. 62000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

PAID
FEB 04 2000

CR2E037 (9/99)