

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90013 009 ****70.00

DOCUMENT # N97000000861

1. Entity Name

NEW CENTURY INSTITUTE, INC.

Principal Place of Business

**3333 W PENSACOLA ST
 310
 TALLAHASSEE FL 32304**

Mailing Address

**3180 BISCAYNE BOULEVARD
 MIAMI FL 33137**

2. Principal Place of Business

205 S. EOLA DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

City & State

Zip

32801

Country

USA

Zip

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

**GISSSEN, MATTHEW
 3180 BISCAYNE BOULEVARD
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, PHILIP	
STREET ADDRESS	5644 COLCORD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLETTI, SHIRLEY D.H.L.	
STREET ADDRESS	6655 66TH ST N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEULNER, JERRY PH.D.	
STREET ADDRESS	5029 NORTH LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GISSSEN, MATTHEW J.D.	
STREET ADDRESS	3180 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLK, THOMAS M.S.	
STREET ADDRESS	3333 WEST PENSACOLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CANTLEY, ERNEST PHD	
STREET ADDRESS	3875 TIGER BAY ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 33124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	555 STOCKTON STREET	
STREET ADDRESS	JACKSONVILLE, FL. 32204	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, NANCY L.	
STREET ADDRESS	6655 66TH ST. N.	
CITY-ST-ZIP	PINELLAS PARK, FL. 33781	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 S. EOLA DRIVE	
STREET ADDRESS	ORLANDO, FL. 32801	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUFFIELD, CHRISTINE	
STREET ADDRESS	3830 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA, FL. 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

REQUIRED

2-4-02 3057/2024

CR2E037 (9/01)