

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90330 025 \*\*\*558.75

**DOCUMENT # P94000012600**

1. Entity Name  
**WEBSTER INSTITUTE OF TECHNOLOGY, INC.**

Principal Place of Business

**6551 CENTRAL AVENUE  
 ST. PETERSBURG FL 33710**

Mailing Address

**VANDALIA ENTERPRISES  
 144 WILLEY STREET  
 MORGANTOWN WV 26505  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **55-3232768**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RACHEL, ANNETTE C  
 6551 CENTRAL AVENUE  
 ST. PETERSBURG FL 33710**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>RACHEL, ANNETTE C</b>               |                                 |
| STREET ADDRESS | <b>10102 TARPON DRIVE</b>              |                                 |
| CITY-ST-ZIP    | <b>TREASURE ISLAND FL 33706</b>        |                                 |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>RHOADS, SHARON C</b>                |                                 |
| STREET ADDRESS | <b>903 PINELLAS BAYWAY DRIVE, #302</b> |                                 |
| CITY-ST-ZIP    | <b>YIERRA VERDE FL 33715</b>           |                                 |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>CALLEN, STEPHEN J</b>               |                                 |
| STREET ADDRESS | <b>ROUTE-12, BOX 380</b>               |                                 |
| CITY-ST-ZIP    | <b>MORGANTOWN WV 26505</b>             |                                 |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>CALLEN, MICHAEL K</b>               |                                 |
| STREET ADDRESS | <b>112 LAMPLIGHTER DRIVE</b>           |                                 |
| CITY-ST-ZIP    | <b>MORGANTOWN WV 26505</b>             |                                 |
| TITLE          | <b>TD</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>MAYNARD, HAZEL A</b>                |                                 |
| STREET ADDRESS | <b>144 WILLEY ST</b>                   |                                 |
| CITY-ST-ZIP    | <b>MORGANTOWN WV 26505</b>             |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02

304-296-8285

Date

Daytime Phone #

CR2E034 (4/02)