

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90012 014 ***150.00

DOCUMENT # H43243

1. Entity Name

College Financial Planning Corporation

Principal Place of Business

9329 Waldemar
Indianapolis, IN 46268

Mailing Address

P.O. Box 78222
Indianapolis, IN 46278-0222

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2530668

Applied for

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

00034171

6. Name and Address of Current Registered Agent

FONNER, Sam T.
6622 Southpoint Dr., South
Suite 495
Jacksonville, FL 32216

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's signature required when resigning)

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	P FONNER, Sam T.	9329 Waldemar	Indianapolis, IN 46268	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 an address like the incorporated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC34 (9/99)