

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005519

1. Entity Name

SAINT ANTHONY'S CHILDRENS' HOME COLLEGE FUND, IN  
C.

Principal Place of Business

Mailing Address

2024 LARCHMONT DR  
DELAND FL 32724

2024 LARCHMONT DR  
DELAND FL 32724

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

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

TALAER, CHERYL L  
2024 LARCHMONT DR  
DELAND FL 32724

Name Charles L. Early Jr.

Street Address (P.O. Box Number is Not Acceptable)  
2303 Pin Oak Drive

City DeLand

FL Zip Code 32720

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

1/14/02

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 ☐ Delete  
NAME D  
STREET ADDRESS TALABER, JAMES J  
CITY-ST-ZIP 2024 LARCHMONT DR  
DELAND FL 32724

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS REED, FRANCIS A JR  
CITY-ST-ZIP 2333 PIN OAK DR  
DELAND FL 32724

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EVERS, DAN  
CITY-ST-ZIP P O BOX 1476  
DELAND FL 32724

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS OCCIANO, SYLVESTER  
CITY-ST-ZIP 2811 ROCHELLE LANE  
DELAND FL 32724

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS REED, Debbie  
CITY-ST-ZIP 2333 Pin Oak Drive  
DeLand FL 32724

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS Charles L. Early Jr.  
CITY-ST-ZIP 2303 Pin Oak Dr.  
DeLand FL 32720

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 386/734-7681

Date

Daytime Phone #

01-30-2002 90167 029 61.25

N00000005519

FILED

02 FEB 18 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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