

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90913 003 \*\*\*\*61.25

**DOCUMENT # N01000006375**

1. Entity Name  
**COLLEGE CAMP, INC.**

Principal Place of Business      Mailing Address  
**3409 ANDERSON RD**      **3409 ANDERSON RD**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

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  
**105-1143468**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PLOUCHA, L.M. ESQ.**  
**ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A.**  
**1946 TYLER ST**  
**HOLLYWOOD FL 33020-4517**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COORDS, SALLY</b>	
STREET ADDRESS	<b>3409 ANDERSON RD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, GLENDA</b>	
STREET ADDRESS	<b>4000 TOWERSIDE TERRACE, #1901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PINCUS, ROSALIE</b>	
STREET ADDRESS	<b>11 ISLAND AVE</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sally B. Coords, Inc. Pres.      Date: 4/8/02      Telephone: 305-447-1711

CR2E037 (9/01)