

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90151 006 \*\*\*\*61.25

0024149

**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

**10000100**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1143468**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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 Coords*      **SIGNATURE REQUIRED**      **4/29/03 (305) 447-1711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Distinguishing Phone #

CR2E037 (10/02)