

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

FILED
Jul 30, 2003 8:00 am
Secretary of State

0005413

DOCUMENT # N02000003591

1. Entity Name

THE COLL FOUNDATION, INC.



06-23-2003 90055 018 ****70.00

Principal Place of Business

**4045 TANGELO AVE
COCOA FL 32927**

Mailing Address

**4045 TANGELO AVE
COCOA FL 32927**

33036104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3705963

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENITEZ, GUS R ESO
1223 E CONCARD ST
ORLANDO FL 32803**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BROWN, ROBERT W**
STREET ADDRESS **4045 TANGELO AVE**
CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☐ Delete
NAME **DELGADO, MARTHA**
STREET ADDRESS **4045 TANGELO AVE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☐ Change ☒ Addition
NAME **JO HUFF**
STREET ADDRESS **4045 TANGELO AVE.**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☒ Delete
NAME **DELGADO, JOHN**
STREET ADDRESS **4045 TANGELO AVE**
CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☐ Delete
NAME **MARION OZIM**
STREET ADDRESS **4045 TANGELO AVE.**
CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☐ Delete
NAME **FLORENCE STUCKOWSKI**
STREET ADDRESS **4045 TANGELO AVE.**
CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☐ Delete
NAME **AL DECENA**
STREET ADDRESS **4045 TANGELO AVE.**
CITY-ST-ZIP **COCOA FL 32927**

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

Date

Daytime Phone #

CR2E037 (4/03)

*July 24 2003 407-4572
383-4572*