

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002847

1. Entity Name

COLLEGIUM INTERNATIONAL, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90103 026 ****70.00

Principal Place of Business

Mailing Address

118 W. PLYMOUTH ST.
TAMPA FL 33603

118 W. PLYMOUTH ST.
TAMPA FL 33603-5752

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

59-3581329

Applied For

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

PORTER, ROBERT J
118 W. PLYMOUTH ST.
TAMPA FL 33603

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

Robert J. Porter

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

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	D/S/T	<input type="checkbox"/> Delete
NAME	Donald W. Miller	
STREET ADDRESS	118 W. Plymouth St	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	D/C/V	<input type="checkbox"/> Delete
NAME	Dr. Robert J. Porter, Jr	
STREET ADDRESS	118 W. Plymouth St	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	Franco Orsucci	
STREET ADDRESS	c/o 118 W. Plymouth St	
CITY-ST-ZIP	Tampa, FL 33603	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Donald W. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 (813) 223-2345
Date Daytime Phone #

CR2E037 (9/99)