

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 039 ***150.00

DOCUMENT # P96000096570

1. Entity Name

COLLEGIATE RISK MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 ATHENS STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.

City & State
TARPON SPRINGS FL

City & State

Zip Country
34689 USA

Zip Country

4. FEI Number
59-3413045

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name
TURKEL, KENNETH G

Street Address (P.O. Box Number is Not Acceptable)
ONE TAMPA CITY CENTER

SUITE 2600

City State Zip Code
TAMPA FL 33602

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, VONDA K. 2660 E KLOSTERMAN RD TARPON SPRINGS FL 34689	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vonda White*

VONDA K WHITE *X*

727-939-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #