

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90122 046 \*\*\*158.75

WORKED 1

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000055624

1. Corporation Name  
**COLLEGIATE MANAGEMENT TEAM, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~105 NW 16TH ST~~  
~~GAINESVILLE FL 32609~~  
 US

Mailing Address  
 P O BOX 13116  
~~105~~  
 GAINESVILLE FL 33604  
 US

3. Date Incorporated or Qualified  
**06/24/1997**

4. FEI Number  
**59-3454887** Applied For  
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **220 N. Main St.**

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 **no suite #**

City & State  
 23 **Gainesville FL**

City & State  
 28

Zip Country  
 24 **32601** 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLIER, NATHAN S**  
~~105 NW 16TH ST~~  
~~#4~~  
**GAINESVILLE FL 32609**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**220 North Main Street**

83  
 84 City **Gainesville** FL 85 Zip Code **32601**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLIER, NATHAN S</b>	1.2 NAME	
STREET ADDRESS	<del>105 NW 16TH ST</del>	1.3 STREET ADDRESS	<b>220 N. Main Street</b>
CITY-ST-ZIP	<del>GAINESVILLE FL 32609</del>	1.4 CITY-ST-ZIP	<b>Gainesville FL 32601</b>
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBER, MARY-EVAN</b>	2.2 NAME	
STREET ADDRESS	<del>105 NW 16TH ST</del>	2.3 STREET ADDRESS	<b>220 N. Main Street</b>
CITY-ST-ZIP	<del>GAINESVILLE FL 32609</del>	2.4 CITY-ST-ZIP	<b>Gainesville FL 32601</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNOLL, MARC</b>	3.2 NAME	
STREET ADDRESS	<del>105 NW 16TH ST</del>	3.3 STREET ADDRESS	<b>220 N. Main Street</b>
CITY-ST-ZIP	<del>GAINESVILLE FL 32609</del>	3.4 CITY-ST-ZIP	<b>Gainesville FL 32601</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARY-EVAN WEBER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**352/275-2052**  
 Daytime Phone

CR2E034 (11/98)