

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90016 023 \*\*\*150.00

**DOCUMENT # P98000095104**

1. Entity Name

**SAGO-PALM ACADEMY, INC.**

Principal Place of Business

**3411 N. 29TH STREET  
TAMPA FL 33605**

Mailing Address

**3411 N. 29TH STREET  
TAMPA FL 33605**

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 **59-3541457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, DERLYN  
3407 E. 25TH AVE.  
TAMPA FL 33605**

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **ALLEN, DERLYN**  
STREET ADDRESS **3407 E 25TH AVE**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **Pres.** ☐ Change ☒ Addition  
NAME **Derlyn G. Allen**  
STREET ADDRESS **3411 N. 29th Street**  
CITY-ST-ZIP **Tampa, Florida 33605**

TITLE **VP** ☒ Delete  
NAME **PORTEF, FREDERICK**  
STREET ADDRESS **3407 E. 25TH AVE.**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Robert L. Cole**  
STREET ADDRESS **11710 Tom Folsom Rd.**  
CITY-ST-ZIP **Tampa, Florida 33597**

TITLE **T/S** ☒ Delete  
NAME **MANUAL, LINDA**  
STREET ADDRESS **1720 W. CARMNE STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **Sec.** ☐ Change ☒ Addition  
NAME **Todd D. Cole**  
STREET ADDRESS **2421 Woody Trace Lane**  
CITY-ST-ZIP **Tampa, Florida 33612**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Tres.** ☐ Change ☒ Addition  
NAME **Anthony J. Cole Sr.**  
STREET ADDRESS **4208 Ashmore Drive**  
CITY-ST-ZIP **Tampa, Florida 33610**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Tres.** ☐ Change ☒ Addition  
NAME **Anthony J. Cole Jr**  
STREET ADDRESS **5216 Blane Dr**  
CITY-ST-ZIP **Tampa, Florida 33617**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 12 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 #

CR2E034 (10/00)