

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90015 042 ***150.00

DOCUMENT # P98000099887

1. Entity Name

KLUCH COLLEGE, INC.

Principal Place of Business

Mailing Address

210 S.E. 8TH AVENUE
 BOYNTON BEACH FL 33436

210 S.E. 8TH AVENUE
 BOYNTON BEACH FL 33435-5632

010009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 S.E. 8th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 4

City & State

Boynton Beach, FL

City & State

4. FEI Number

65-0887949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PUMPHREY, GERALD R ESQ.
 11000 PROSPERITY FARMS ROAD
 SUITE 300
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Jill M. Lager

Street Address (P.O. Box Number is Not Acceptable)

3230 WINDWARD LN

City

LANTANA

FL

Zip Code

33462

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

Jill M. Lager

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/00

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RISELEY, MICHAEL J	
STREET ADDRESS	4061 ALPINIA CT. S	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	V	<input type="checkbox"/> Delete
NAME	CALOBRISI, TONY	
STREET ADDRESS	2703 27TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calobrisi, Anthony	
STREET ADDRESS	5550 Glenridge Drive N.E. #403	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Michael J. Riseley
 MICHAEL J. RISELEY, PRESIDENT

2-16-00

Date

Daytime Phone #

(561) 734-9665