

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90048 013 \*\*\*150.00

**DOCUMENT # P99000024683**

1. Entity Name

**NICHOLS VIRGINIA COLLEGE FUND, INC.**

Principal Place of Business <b>1912-A BOULEVARD - SUITE 210 COLONIAL HEIGHTS VA 23834</b>	Mailing Address <b>1912-A BOULEVARD - SUITE 210 COLONIAL HEIGHTS VA 23834-2308</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**54-1935687**

Applied For

Not Applied

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

**STARLETT KLINE**

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

**3200 PORT ROYALE DR. N. # 704**

**FT. LAUDERDALE**

**FL**

**Zip Code 33308**

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

**STARLETT KLINE** *Starlett Kline*

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

(NOTE: Registered Agent signature required when reinstating)

**1-20-00**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLS, R E JR.</b>	
STREET ADDRESS	<b>1912-A BOULEVARD - SUITE 210</b>	
CITY-ST-ZIP	<b>COLONIAL HEIGHTS VA 23834</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLINE, STARLETT</b>	
STREET ADDRESS	<b>1912-A BOULEVARD - SUITE 210</b>	
CITY-ST-ZIP	<b>COLONIAL HEIGHTS VA 23834</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARLETT KLINE</b>	
STREET ADDRESS	<b>3200 PORT ROYALE DR. N. # 704</b>	
CITY-ST-ZIP	<b>FT. LAUD. FL. 33308</b>	

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CITY-ST-ZIP		

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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:

**STARLETT KLINE** *Starlett Kline Sec. 1/20/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-771-9810**