

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024683

1. Entity Name

NICHOLS VIRGINIA COLLEGE FUND, INC.

Principal Place of Business

1912-A BOULEVARD - SUITE 210  
COLONIAL HEIGHTS VA 23834

Mailing Address

1912-A BOULEVARD - SUITE 210  
COLONIAL HEIGHTS VA 23834

2. Principal Place of Business

3200 Port Royale DR N.

3. Mailing Address

3200 Port Royale DR N.

Suite, Apt. #, etc.

# 704

Suite, Apt. #, etc.

# 704

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33308

Country

USA

Zip

33308

Country

USA

6. Name and Address of Current Registered Agent

KLINE, STARLETT  
3200 PORT ROYALE DR. NORTH  
~~#504~~ # 704  
FORT LAUDERDALE FL 33308

4. FEI Number

54-1935687

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME NICHOLS, R E JR.  
STREET ADDRESS 1912-A BOULEVARD - SUITE 210  
CITY-ST-ZIP COLONIAL HEIGHTS VA 23834

TITLE D ☐ Delete  
NAME KLINE, STARLETT  
STREET ADDRESS 3200 PORT ROYALE DR N. #704  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Starlett Kline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

954-771-1554

Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90015 027 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)