

DOCUMENT # P99000072910

1. Entity Name
SAKS COLLEGE FUND, INC.

Principal Place of Business
C/O JEFFREY M. FULLER
100 N TAMPA ST. SUITE 2650
TAMPA FL 33602

Mailing Address
C/O JEFFREY M. FULLER
100 N TAMPA ST. SUITE 2650
TAMPA FL 33602

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90046 002 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O RENE J. ZARATE
Suite, Apt. #, etc.
2203 N. LOUIS AVE - STE 700
City & State
TAMPA FL

3. Mailing Address

SAME
Suite, Apt. #, etc.

4. FEI Number **59-3593845**

Applied For

Not Applicable

Zip **33607**

Country

Hills

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULLER, JEFFREY M
C/O FULLER, HOLSONBACK & BIVENS, P.A.
100 N TAMPA ST, SUITE 2650
TAMPA FL 33602

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) **ERROR Just**

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 **ZARATE, RENE J**
STREET ADDRESS **2303 SUNVIEW AVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ Delete
NAME **PLOUCHER, RAY**
STREET ADDRESS **3704 W SWANN AVE**
CITY-ST-ZIP **TAMPA FL 33609**

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
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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)(f), 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)