

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90019 019 ***150.00

DOCUMENT # P99000072910

1. Entity Name

SAKS COLLEGE FUND, INC.

Principal Place of Business

**C/O RENE J ZARATE
 2203 N LOIS AVE SUITE 700
 TAMPA FL 33607**

Mailing Address

**C/O RENE J ZARATE
 2203 N LOIS AVE SUITE 700
 TAMPA FL 33607**

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

59-3593845

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

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

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, 2002 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 **D** ☐ Delete
 NAME **ZARATE, RENE J**
 STREET ADDRESS **2303 SUNVIEW AVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition
 NAME **10501 Mary Rose Way**
 STREET ADDRESS **Lithia FL 33547**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **1300 West Shore Blvd. Ste. 250**
 STREET ADDRESS **Tampa FL 33607**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(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: *Long J. Zarate* **LONG J. ZARATE** 4/25/02 (913) 975 7774
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)