

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90119 016 \*\*\*150.00

**DOCUMENT # P99000074746**

1. Entity Name

**THE COLLEGE CONNECTOR, INC.**

Principal Place of Business

**4089 GALLAGHER LOOP  
 CASSELBERRY FL 32707**

Mailing Address

**4089 GALLAGHER LOOP  
 CASSELBERRY FL 32707**

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

**65-0947513**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Fee Required

**\$8.75** Additional  
 -- Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAGOY, SALLY**

**4089 GALLAGHER LOOP  
 CASSELBERRY FL 32707**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **LAGOY, SALLY**  
 STREET ADDRESS **4089 GALLAGHER LOOP**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Sally Lago*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**E. LAGOY, President, 8/20/02**

Date

Daytime Phone #

407-699-4136

CR2E034 (4/02)

Attachment

To: State of Florida  
Division of Corporations

926834

#P11000071746

From: Sally LaGoy  
College Connector, Inc.  
4089 Gallagher Loop  
Casselberry, Florida  
32707

Enclosed please find a check for \$150.00 and a form completed as per a conversation with your office on 8/20/01. I have not seen as prior form and all tax work is done by an accountant.

This is a small consulting business for high school students with an income of less than \$15,000 per year. I would appreciate some assistance as to when to expect this form in the mail and the details of how it impacts my company. I do not feel that I truly understand this form that I received recently.

Thank you for your assistance.

Sally E LaGoy

Sally E. LaGoy

8/20/02