

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91593 019 \*\*\*\*61.25

**DOCUMENT # 704 886**  
 1. Entity Name  
 Pilot Scholarship House Foundation, Florida District, Inc.

Principal Place of Business  
 Southern Scholarship Foundation  
 ATTN: Pilot Scholarship House Foundation  
 322 Stadium Drive  
 Tallahassee, FL 32304

Mailing Address  
 Bio Services, Inc.  
 c/o Jane P Burton, Pres Elect  
 1849 25th Street  
 Vero Beach, FL 32960

**552249**

2. Principal Place of Business  
 Southern Scholarship Foundation  
 Suits, Apt. #, etc.  
 322 Stadium Drive

3. Mailing Address  
 Jane P Burton, Pres Elect  
 Suits, Apt. #, etc.  
 1849 25th Street

DO NOT WRITE IN THIS SPACE

City & State  
 Tallahassee, FL

City & State  
 Vero Beach FL

Zip  
 32304

Country  
 Leon

Zip  
 32960

Country  
 Indian River

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Jane P. Burton  
 1849 25th Street  
 Vero Beach FL 32960

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW FEE IS \$81.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hartley, Carolyn 709 9th Street Fort Pierce, FL 34950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dixon, Dena 1445 Mitchell Avenue Tallahassee, FL 32303-5840 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bassett, Mary Emma Rt 2 Box 251 B Quincy FL 32351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edenfield, Charlotte 3181 Chaires Cross Rd. Tallahassee, FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Burton, Jane 1849 25th Street Vero Beach FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Belinda, Hawkins 820 Mockingbird Bl. Port Orange, FL 32127 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tudino Anita One Montoya Fort Pierce, FL 34951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rieves, Phyllis 18468 Cutlass Drive Ft Myers Beach, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edenfield, Charlotte 3181 Chaires Cross Rd. Tallahassee, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Burton, Jane 1849 25th Street Vero Beach FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hawkins, Belinda 820 Mockingbird Bl. Port Orange FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_, President Elect 4/29/2001 561/569-2284  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (11/00)