

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713528

1. Entity Name

LAKELAND ROTARY CLUB SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

SCHOLARSHIP FUND INC
P.O. BOX 2171
LAKELAND FL 33806

SCHOLARSHIP FUND INC
P.O. BOX 2171
LAKELAND FLA 33806-2171

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

59-0520288

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

GOLDEN, FREDERIC O
922 E. PALMETTO ST.
LAKELAND FL 33801

Name

RUSSELL R HOADS

Street Address (P.O. Box Number, is Not Acceptable)

P.O. BOX 2171

821 E. OLEANDER ST

City

LAKELAND

ST

FL

Zip Code

33806

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

Russell R. Hoads

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	TARVER, EDWARD J	
STREET ADDRESS	5155 LAKE-IN-THE-WOODS	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPD	☐ Delete
NAME	GOLDEN, FREDERIC O	
STREET ADDRESS	922 E PALMETTO ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	☐ Delete
NAME	RHOADS, RUSSELL W	
STREET ADDRESS	821 E OLEANDER ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ATD	☐ Delete
NAME	HENDLER, PATRICIA A	
STREET ADDRESS	7131 PINEDALE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	☐ Delete
NAME	JONES, MARY A	
STREET ADDRESS	1933 HIGH VISTA DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	☐ Delete
NAME	DOCKER, PATRICIA M	
STREET ADDRESS	1524 MARIENER ROAD	
CITY-ST-ZIP	LAKELAND FL	

TITLE	PD	☒ Change ☐ Addition
NAME	GAY KATCLIFF	
STREET ADDRESS	P.O. BOX 2171	
CITY-ST-ZIP	LAKELAND, FL 33806	
TITLE	VPD	☒ Change ☐ Addition
NAME	CHARLES FAULKNER	
STREET ADDRESS	P.O. BOX 2171	
CITY-ST-ZIP	LAKELAND, FL 33806	
TITLE	TD	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ATD	☒ Change ☐ Addition
NAME	BROCK SELF	
STREET ADDRESS	P.O. BOX 2171	
CITY-ST-ZIP	LAKELAND, FL 33806	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☒ Change ☐ Addition
NAME	MIKEY HORVATE	
STREET ADDRESS	P.O. BOX 2171	
CITY-ST-ZIP	LAKELAND, FL 33806	

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:

RUSSELL RHOADS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

863-688-3650

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-20-2000 90006 046 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)