2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 714537

FILED
00 MAY 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

FLORIDA SURVEYING AND MAPPING SOCIETY SCHOLARSHI

Principal Place of Business	Mailing Address
1689-A MAHAN CENTER BLVD. TALLAHASSEE FL 32308	1689-A MAHAN CENTER BLVD. TALLAHASSEE FL 32308-5454

DO NOT WRITE IN THIS SPACE

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 59-6209248 ☐ 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
EVERS, MARILYN C 1689-A MAHAN CENTER BLVD. TALLAHASSEE FL 32308	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

FILE NOW: FEE IS $61.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANKENSHIP, DENNIS E 316 S. BAYLEN, SUITE 300 PENSACOLA FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MASTRONICCOLA, ARTHUR A 12626 WILLOUGHT LN JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mastronicola, Arthur A 12626 Willoughby Lane Jacksonville, FL 32225 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREED, JOHN N 2525 DRANE FIELD RD., SUITE 7 LAKELAND FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003286428--4 -06/13/00--01025--005 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NOBLES, ALLEN K 2720 PABLO AVE TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUBEN, RONALD E II 316 S. BAYLEN ST., STE 300 PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ruben, Ronald E, II 1615 Woodlawn Beach Road Gulf Breeze, FL 32561 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATHEWS, W. LANIER II P.O. BOX 188, N/A PALMETTO FL 34220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mathews, W. Lanier II 825 4th St W Palmetto, FL 34221 ☒ Change ☐ Addition

CR2E037 (9/99)

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: [signature] CR5Y9.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #