2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91170 006 ****61.25

DOCUMENT # 714537

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

714537

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

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

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOT : Registered Agent signature required when reinstating)

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	VD MASTRONICOLA, ARTHUR A 12626 WILLOUGHBY LANE JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 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
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	D RUBEN, RONALD E II 1615 WOODLAWN BEACH ROAD GULF BREEZE FL 32561	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V David Schryver 1505 SW Martin Hgwy Palm City, FL 34991	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHEWS, LANIER W. II 825 4TH STREET WEST PALMETTO FL 34221	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Joseph L. Reynolds 14775 St Augustine Rd Jacksonville, FL 32258	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maxwell, Michael H. 3200 Bailey Lane Naples, FL 34105	☐ Change ☑ Addition

CR2E037 (10/00)

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 REQUIRED 5-15-01 850-942-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR