2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 90206 048 ****61.25

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DOCUMENT # 714537

1. Entity Name

FLORIDA SURVEYING AND MAPPING SOCIETY SCHOLARSHIP FUND, INC.

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

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	P MASTRONICOLA, ARTHUR A 12626 WILLOUGHBY LANE JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ 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	D John M Clyatt 495 S First Avenue Bartow, FL 33830	☐ 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	TD Stephen M Gordon 2560 RCA Blvd Ste 105 Palm Beach Gardens, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHRYVER, DAVID 7805 SW MARTIN HIGHWAY PALM CITY FL 34991	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REYNOLDS, JOSEPH L 14775 ST. AUGUSTINE ROAD JACKSONVILLE FL 32558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAXWELL, MICHAEL H 3200 BARLEY LANE NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☑ Change ☐ Addition

CR2E037 (9/01)

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: Michael H. Maxwell 3/15/02 (941) 263-6431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED