

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90018 009 \*\*\*\*61.25

**DOCUMENT # 760036**

1. Entity Name

**GEORGE SNOW SCHOLARSHIP FUND, INC.**

Principal Place of Business

Mailing Address

998 S FED HWY STE 203  
 BOCA RATON FL 33432  
 US

PO BOX 1208  
 BOCA RATON FL 33429  
 US

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

**59-2162597**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNOW, TIMOTHY G**  
**998 S FED HWY STE 203**  
**BOCA RATON FL 33432**

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 **STD**  Delete  
 NAME **JONES, REXANN**  
 STREET ADDRESS **1480 NW 13 AVE**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HOWELL, ROBERT S**  
 STREET ADDRESS **899 S W 16TH ST**  
 CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **SNOW, TIMOTHY G**  
 STREET ADDRESS **4661 NW 2 AVE #601**  
 CITY-ST-ZIP **BOCA RATONCH FL 33434**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **STRAWN, JOEL T**  
 STREET ADDRESS **54 N.E. 4TH AVE.**  
 CITY-ST-ZIP **DELRAY BCH, FL 33483**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **COB**  Delete  
 NAME **CRYAN, GREGORY J**  
 STREET ADDRESS **7000 W. PALMETTO PARK ROAD**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **SNOW, JEFFREY E**  
 STREET ADDRESS **781 SW 2ND STREET**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Timothy G. Snow**

2/14/01 (561) 347-6799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)