

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0002262

**DOCUMENT # N00000001906**

1. Entity Name

**JOE T. SCHOLARSHIP TRUST, INC.**

05-02-2001 90089 044 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**501 WEST MEADOW STREET  
 LEESBURG FL 34748**

**501 WEST MEADOW STREET  
 LEESBURG FL 34748**

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

**59-3636180**

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

**JOHNSON, STEPHEN W  
 1000 WEST MAIN STREET  
 LEESBURG FL 34748**

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. (NOTE: 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OTTE, ANTHONY G</b>	NAME	<b>CHARLIE McDaniel</b>
STREET ADDRESS	<b>501 WEST MEADOW STREET</b>	STREET ADDRESS	<b>501 WEST MEADOW STREET</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D-VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGSTON, JOSEPH</b>	NAME	<b>LANGSTON, JOE</b>
STREET ADDRESS	<b>501 WEST MEADOW STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D-S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, DEBRA J</b>	NAME	
STREET ADDRESS	<b>501 WEST MEADOW STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKMON, CHESTER A JR.</b>	NAME	
STREET ADDRESS	<b>501 WEST MEADOW STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D-P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARDUGNO, STEVEN J</b>	NAME	
STREET ADDRESS	<b>501 WEST MEADOW STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D-T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, JACK D</b>	NAME	
STREET ADDRESS	<b>501 WEST MEADOW STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	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: **DEBRA J MORRIS** DATE: **4/27/01** DAYTIME PHONE: **352-728-9731**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)