

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90237 030 \*\*\*\*61.25

**DOCUMENT # N00000005340**

1. Entity Name

**MOM TAYLOR SCHOLARSHIP FUND, INC.**

Principal Place of Business

Mailing Address

5908 FORTUNE PLACE  
 APOLLO BEACH FL 33572

5908 FORTUNE PLACE  
 APOLLO BEACH FL 33572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

959 Allegro Lane

Apollo Beach Florida

33572

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3664572

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

FILINGS, INC.

3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132

Name

FREDERICK E. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

959 Allegro Lane

City

Apollo Bch

FL

Zip Code

33572

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

*Secretary President*

FREDERICK E. TAYLOR

1/14/2001

**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	<input type="checkbox"/> Delete
D	TAYLOR, FREDERICK E	5908 FORTUNE PLACE	APOLLO BEACH FL 33572	<input type="checkbox"/>
D	TAYLOR, WILLIAM H	5908 FORTUNE PLACE	APOLLO BEACH FL 33572	<input type="checkbox"/>
D	BOASIUS, MARY LOU	5908 FORTUNE PLACE	APOLLO BEACH FL 33572	<input type="checkbox"/>
D	BROWNING, SUSAN M	5908 FORTUNE PLACE	APOLLO BEACH FL 33572	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P	Taylor FREDERICK E	959 Allegro Lane	Apollo Beach, FL 33572	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President	William H	959 Allegro Lane	Apollo Bch, Florida 33572	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/P	Blasius, Mary Lou	959 Allegro Lane	Apollo Bch, Fla 33572	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S	Browning, Susan M	959 Allegro Lane	Apollo Bch Fla 33572	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 FREDERICK E. TAYLOR~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2001

Date

1-813-645-2512

Daytime Phone #

CR2E037 (10/00)