

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90070 032 ****61.25

DOCUMENT # N00000005340

1. Entity Name

MOM TAYLOR SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

**959 ALLEGRO LANE
 APOLLO BEACH FL 33572**

**959 ALLEGRO LANE
 APOLLO BEACH FL 33572**

2. Principal Place of Business

3. Mailing Address

959 ALLEGRO Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apollo Beach, Florida

4. FEI Number

59-3664572

Applied For

Not Applicable

Zip

Country

Zip

Country

33572

USA

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

**TAYLOR, FREDERICK E
 959 ALLEGRO LANE
 APOLLO BEACH FL 33572**

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.

FREDERICK E. TAYLOR

(NOTE: Registered Agent signature required when re-registering)

1/8/2002

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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, FREDERICK E	
STREET ADDRESS	954 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM H	
STREET ADDRESS	959 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOASIUS, MARY LOU	
STREET ADDRESS	959 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, SUSAN M	
STREET ADDRESS	959 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Blasius, Mary Lou</i>	
STREET ADDRESS	<i>959 Allegro Lane</i>	
CITY-ST-ZIP	<i>Apollo Beach, FL 33572</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

FREDERICK E. TAYLOR

Date

Daytime Phone #

1/8/2002

8136452517

CR2E037 (9/01)