

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90855 001 \*\*\*\*61.25

**DOCUMENT # N39688**

1. Entity Name

**AMERICAN ASSOCIATION OF STATE TROOPERS SCHOLARSHIP FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1949 RAYMOND DIEHL ROAD  
 TALLAHASSEE FL 32308  
 US

1949 RAYMOND DIEHL ROAD  
 TALLAHASSEE FL 32308  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3054670**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COX, JALAN**  
**1660 METROPOLITAN CIRCLE**  
**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 ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **JOHNSON, J D**  
 CITY-ST-ZIP **2950 SPRING CHASE LANE**  
**MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **CD**  
 STREET ADDRESS **COX, J. ALAN**  
 CITY-ST-ZIP **1660 METROPOLITAN CIRCLE**  
**TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VCD**  
 STREET ADDRESS **YOAKUM, ROBERT**  
 CITY-ST-ZIP **1194 HIGHWAY 54 EAST**  
**COVINGTON TN 38019**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **BMD**  
 STREET ADDRESS **FORTUNAS, PAULA**  
 CITY-ST-ZIP **225 UNIVERSITY CENTER, BLDG C #3100**  
**TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **BMD**  
 STREET ADDRESS **MCMICHAEL, JIM**  
 CITY-ST-ZIP **2549 TALLAVANA TRIAL**  
**HAVANA FL 32333**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **BMD**  
 STREET ADDRESS **MOORE, THOMAS**  
 CITY-ST-ZIP **P.O. BOX 17626**  
**TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition  
 NAME **BMD**  
 STREET ADDRESS **Kenneth C. Howes**  
 CITY-ST-ZIP **1319 Landover Court**  
**Tallahassee, FL 32311**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)