

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45321

1. Entity Name

CHARLES H. LENNON MEMORIAL SCHOLARSHIP FUND, INC

Principal Place of Business

4949 BILLINGS AVENUE
P.O. BOX 501
DELEON SPRINGS FL 32059-4426

Mailing Address

4949 BILLINGS AVENUE
P.O. BOX 501
DELEON SPRINGS FL 32059-4426

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

59-3093714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULER, RICHARD W.
808 PARK AVENUE
DELEON SPRINGS FL 32130

7. Name and Address of New Registered Agent

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

TITLE PD
NAME SHEPARD, LEONARD
STREET ADDRESS 3355 OAKLEA DRIVE
CITY-ST-ZIP DELAND FL ☐ Delete

TITLE SD
NAME PAIGE, ROBERT E.
STREET ADDRESS 3823 GRAND AVE.
CITY-ST-ZIP DELAND FL ☒ Delete

TITLE TD
NAME SCHULER, RICHARD W.
STREET ADDRESS 808 PARK AVE.
CITY-ST-ZIP DELEON SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME Benson, Gudren
STREET ADDRESS 200 West State Road40
CITY-ST-ZIP Barberville, FL ☐ Change ☒ Addition

TITLE D
NAME Marilyn Breeze
STREET ADDRESS 5035 DeLeon Oaks Court
CITY-ST-ZIP DeLeon Springs, FL ☐ Change ☒ Addition

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

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

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

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

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:

Richard W. Schuler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

(386) 985-4543

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90067 040 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)