

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0069027

DOCUMENT # N45321

1. Entity Name

CHARLES H. LENNON MEMORIAL SCHOLARSHIP FUND, INC

02-21-2002 90047 011 *****61.25

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

7. Name and Address of New Registered Agent

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

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	PD	Delete
NAME	SHÉPARD, LEONARD	
STREET ADDRESS	3355 OAKLEA DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	Delete
NAME	BENSON, GURDEN	
STREET ADDRESS	200 WEST STATE ROAD 40	
CITY-ST-ZIP	BARBERVILLE FL	
TITLE	TD	Delete
NAME	SCHULER, RICHARD W.	
STREET ADDRESS	808 PARK AVE.	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	D	Delete
NAME	BREEZE, MARILYN	
STREET ADDRESS	5035 DELEON OAKS COURT	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition
NAME		
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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:

Richard W. Schuler

1130102

386-985-4543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)