

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/16

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90157 039 \*\*\*\*61.25

**DOCUMENT # N93000005268**

1. Entity Name

**SECURITY SCHOLARSHIP SOCIETY, INC.**

**R**

Principal Place of Business

Mailing Address

755 RINEHART RD.  
 LAKE MARY FL 32794-8402

PO BOX 558402  
 LAKE MARY FL 32795-8402

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  
**59-3220126**

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

**THOMPSON, DAVID C**  
 755 RINEHART RD.  
 LAKE MARY FL 32794-8402

Name **Stephen M. Sill**  
 Street Address (P.O. Box Number is Not Acceptable)  
**755 Rinehart Rd.**  
 City **Lake Mary** **FL** Zip Code **32794-8402**

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

*Stephen M. Sill*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-27-00**

**FILE NOW:**  
**FEF 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>QUIST, GEORGE R</b>	
STREET ADDRESS	<b>4491 WANDER LANE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84117</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>QUIST, SCOTT M</b>	
STREET ADDRESS	<b>7 WANDERWOOD WAY</b>	
CITY-ST-ZIP	<b>SANDY UT 84092</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMPSON, DAVID C</b>	
STREET ADDRESS	<b>755 RINEHART RD.</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32794-8402</b>	
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"/> 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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stephen M. Sill</b>	
STREET ADDRESS	<b>755 Rinehart Rd.</b>	
CITY-ST-ZIP	<b>Lake Mary FL 32794-8402</b>	
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		<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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**4-27-00**

CR2E037 (9/99)