2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

FILED DOCUMENT # 705268 May 05, 2000 8:00 am 1. Entity Name Secretary of State SCHOLARSHIP RECOGNITION, INC. 05-05-2000 90055 003 ****70.00 Principal Place of Business Mailing Address 426 SCHOOL ST. 426 SCHOOL ST. SEBRING FLA 33870-4048 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2360670 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FARMER RICHARD R 426 SCHOOL STREET SEBRING FL 33870 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Addition ☐ Delete TITLE TITLE NAME Aida Schumacher NAME BARBEN, JOHN STREET ADDRESS STREET ADDRESS PO BOX 789 1901 DeSoto Place CITY-ST-ZIP CITY-ST-ZIP AVON PK FL 33825 Sebring, FL 33870 ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME BROOKER, LUKEY Jesse Causey STREET ADDRESS STREET ADDRESS 905 NE LKVIEW DR 108 Lake June Road CITY-ST-7IP CITY-ST-ZIP SEBRING FL 33870 Lake Placid, FL ☐ Delete Change ☐ Addition TITLE TITLE Richard Peavy NAME LEIDEL, GEORGE NAME STREET ADDRESS STREET ADDRESS 2876 W. Albatross Rd. 2027 NE LKVIEW DR CITY-ST-ZIE CITY-ST-7IP SEBRING FL 33870 Avon Park, FL 33825 Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME CLINARD, JIM Connie E. Scobey STREET ADDRESS STREET ADDRESS PO BOX 581 426 School Street CITY-ST-ZIP CITY-ST-ZIP LK PLACID FL 33852 Sebring, FL 33870. X D Change Change ☐ Addition Delete TITLE NAME NAME WATTERS, JOYCE 2220 CO RD 17 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WHIDDEN, JERRY NAME STREET ADDRESS STREET ADDRESS 231 S. RIDGEWOOD DR CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 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