2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90116 045 ****70.00

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DOCUMENT # 705268

1. Entity Name

SCHOLARSHIP RECOGNITION, INC.

Principal Place of Business	Mailing Address
426 SCHOOL ST. SEBRING FL 33870	426 SCHOOL ST. SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

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 59-2360670 ☐ 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
~~PARKER RICHARD E~~ 426 SCHOOL STREET SEBRING FL 33870	Mr. Wallace P. Cox 426 School Street Sebring, FL 33870
	Name: Mr. Wallace P. Cox, a/k/a Wally Cox
	Street Address (P.O. Box Number is Not Acceptable): 426 School Street
	City: Sebring FL Zip Code: 33870

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: Wally Cox, Highlands Schools Superintendent — Wally Cox — 4-26-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBEN, JOHN PO BOX 789 AVON PK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAUSEY, JESSE 108 Lake June Rd. Lake Placid, FL 33852	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~XX~~ P BROOKER, LUKEY 905 NE LKVIEW DR SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIDEL, GEORGE 2027 NE Lakeview Drive Sebring, FL 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~XX~~ D PEAVY, RICHARD 2876 W ALBATROSS RD AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HULEN, DIANE 3838 US 27 South Sebring, FL 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINARD, JIM PO BOX 581 LK PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOBEY, CONNIE 426 School Street Sebring, FL 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WATTERS, JOYCE 2220 CO RD 17 N LAKE PLACID FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHIDDEN, JERRY 231 S. RIDGEWOOD DR SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Connie E. Scobey 4-26-01 (863) 471-5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #