2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90343 009 ****70.00

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
COX, WALLACE 426 SCHOOL STREET SEBRING FL 33870	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 Wallace Cox — Wally Cox — 4/23/02
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 CAUSEY, JESSE 108 LAKE JUNE ROAD LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition CLINARD, JIM P.O. Box 581 Lake Placid, FL 33852
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIDEL, GEORGE 2027 NE LAKEVIEW DRIVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition BROOKER, LUKE 1401 Cresent Drive Sebring, FL 33870
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HULEN, DIANE 3838 US 27 S SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition BARBEN, JOHN P.O. Box 789 Avon Park, FL 33825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOBEY, CONNIE 426 SCHOOL STREET SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition JARRETT, BIL P.O. Box 1683 Avon Park, FL 33826
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 DONALDSON, DEVON 120 S. Anoka Avenue Avon Park, FL 33825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHIDDEN, JERRY 231 S. RIDGEWOOD DR SEBRING FL 33870	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Connie E Scobey — 4/23/02 — 863-471-5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #