

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718629

1. Entity Name

WILLIAM GROGAN SCHOLARSHIP FUND, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90036 032 \*\*\*\*61.25

Principal Place of Business 2600 DOUGLAS ROAD STE. 911 CORAL GABLES FL 33134	Mailing Address 2600 DOUGLAS ROAD STE. 911 CORAL GABLES FL 33134-6142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7242568** Applied For  Not Applied

Zip Country

Zip Country

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**

GREENFIELD, ALAN E  
 2600 DOUGLAS ROAD  
 STE. 911  
 CORAL GABLES FL 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  Delete  
 NAME PD LANGONE, GERALD  
 STREET ADDRESS 87-80 PARSONS BLVD  
 CITY-ST-ZIP JAMAICA NY 11432

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD GREENFIELD, ALAN E.  
 STREET ADDRESS 2600 DOUGLAS RD, STE 911  
 CITY-ST-ZIP CORAL GABLES FL

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TD KIRrane, WILLIAM  
 STREET ADDRESS 356 HOLLYWOOD AVENUE  
 CITY-ST-ZIP DOUGLSTON NY

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D TRENZ, RITA  
 STREET ADDRESS 150 MERLE AVENUE  
 CITY-ST-ZIP OCEANSIDE NY

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE 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* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/00* *718-291-0105*  
Date Daytime Phone #