

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740225

1. Entity Name

NATIONAL FOUNDATION OF COMMENDED SCHOLARS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90122 012 ****61.25

Principal Place of Business

Mailing Address

**1550 N 13TH AVENUE
PENSACOLA FL 32503**

**1550 N 13TH AVENUE
PENSACOLA FL 32503-5608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1791602

Applied For

Not Applicable

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

**HOLSTON, WILLIAM J.
1550 NORTH 13TH AVENUE
PENSACOLA FL 32503**

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

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	PD	<input type="checkbox"/> Delete
NAME	HOLSTON, WILLIAM J	
STREET ADDRESS	1550 NORTH 13TH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 0	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLSTON, WENDY LEE	
STREET ADDRESS	1550 NORTH 13TH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 0	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLSTON, BEATRICE	
STREET ADDRESS	1550 NORTH 13TH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 0	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. HOLSTON

4/10/00

850-434-2294

Date

Daytime Phone #

CR2E037 (9/99)