

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763608

1. Entity Name

PATRICIA ROONEY MEMORIAL SCHOLARSHIP FUND, INC

Principal Place of Business

Mailing Address

7 CYPRESS COVE RD SE
WINTER HAVEN FL 33884
US

7 CYPRESS COVE RD SE
WINTER HAVEN FL 33884-2805
US

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

59-2914438

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

ROONEY, J.J.
5011 VARTY RD. S.E.
WINTER HAVEN FL 33880

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
NAME SD
STREET ADDRESS GOLDEN, CAROL
CITY-ST-ZIP 600-6TH STREET, S.E.
WINTER HAVEN FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME TD
STREET ADDRESS DUNSON, BARBARA J
CITY-ST-ZIP 3270 CYPRESS GRDNS RD
WINTER HAVEN FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS BATES, SHARON
CITY-ST-ZIP 9130 W LAKE RUBY DR
WINTER HAVEN FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PD
STREET ADDRESS TUCKER, MICHAEL
CITY-ST-ZIP 3429 FOX RIDGE ST SE
WINTER HAVEN FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS SPANJERS, BERNADINE
CITY-ST-ZIP 2100 CRUMP RD
WINTER HAVEN FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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: MICHAEL TUCKER MICHAEL TUCKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 27, 2000 863-291-5330

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90032 030 ****61.25