

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763608

1. Entity Name

PATRICIA ROONEY MEMORIAL SCHOLARSHIP FUND, INC

Principal Place of Business

7 CYPRESS COVE RD SE  
WINTER HAVEN FL 33884  
US

Mailing Address

7 CYPRESS COVE RD SE  
WINTER HAVEN FL 33884  
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

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

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Michael Tucker*

Michael Tucker

7/13/01

863-291-5330

CR2E037 (5/01)

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FILED  
Jul 18, 2001 8:00 am  
Secretary of State

07-18-2001 90006 035 \*\*\*\*61.25

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