

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000030

1. Entity Name

PUBLIC HOUSING ACADEMIC SCHOLARSHIP INC.

f

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90148 026 ****61.25

Principal Place of Business

Mailing Address

615 KUREK COURT
MERRITT ISLAND FL 32953

615 KUREK COURT
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

2628 Kefauver Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Melbourne, FL 32935

4. FEI Number

59-3632454

Applied For

Not Applicable

Zip

Country

Zip

Country

32935

USA

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

SHOEMAN, LARRY
615 KUREK COURT
MERRITT ISLAND FL 32953

Name

Frank C. Chavers

Street Address (P.O. Box Number is Not Acceptable)

615 Kurek Court

City

Merritt Island

FL

Zip Code
32935

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

Frank C. Chavers

Frank C. Chavers

8-16-00

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PEASE, ROSETTA
STREET ADDRESS 2618 KEFAUVER ST
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE VD ☐ Delete
NAME MCKEMY, ROBERT
STREET ADDRESS 728 PEREGRINE DR
CITY-ST-ZIP INDIALANTIC FL 32903

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

TITLE SD ☒ Delete
NAME SHOEMAN, LARRY
STREET ADDRESS 615 KUREK COURT
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE SD ☒ Change ☐ Addition
NAME CHAVERS, FRANK C.
STREET ADDRESS 615 Kurek Court
CITY-ST-ZIP Merritt Island, FL 32953

TITLE TD ☐ Delete
NAME SCOTT, JOHNNIE M
STREET ADDRESS 1040 MATHERS ST
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE D ☐ Delete
NAME MURRAY, BETTYE
STREET ADDRESS 2404 S LIPSCOMB ST
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Rosetta Pease
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosetta Pease

8-16-00

(321)254-0088

Date

Daytime Phone #

CR2E037 (5/00)