OCT.25.2000 2:51PM NO. 104 P. 2/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-24-2000 90124 050 ***61.25
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00 OCT 25 PM 4:51

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000098

644742

DO NOT WRITE IN THIS SPACE

1. Entity Name

RONALD C. LAWYER MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
124 DUVAL ST. KEY WEST FL 33040	124 DUVAL ST. KEY WEST FL 33040

2. Principal Place of Business	3. Mailing Address
124 Duval St Suite, Apt. #, etc.	PO Box 957 Suite, Apt. #, etc.
City & State: Key West FL	City & State: Key West FL
Zip: 33040 Country: USA	Zip: 33041 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWYER, DAVID B
3803 DUCK AVE.
KEY WEST FL 33040

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: David B. Lawyer Director DATE: 4/17/00

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

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 / STREET ADDRESS / CITY-ST-ZIP	[redacted] Director David Lawyer 124 Duval St Key West FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Sheila Lawyer 124 Duval St Key West, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ron Bitney 2018 Turley Trackcirde Kingman, AZ 86401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED Sheila Lawyer Director 4/20/00 (305)294-8507

(Signature and typed or printed name of individual) (Title) (Date) (Daytime Phone #)