

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000098

1. Entity Name

RONALD C. LAWYER MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business

124 DUVAL ST.
KEY WEST FL 33040

Mailing Address

PO BOX 987
KEY WEST FL 33041

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

TITLE D ☐ Delete
NAME LOWLER, DAVID
STREET ADDRESS 124 DUVAL ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete
NAME LOWLER, SHEILA
STREET ADDRESS 124 DUVAL ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete
NAME BITNEY, RON
STREET ADDRESS 2618 TURKEY TRACK CIRCLE
CITY-ST-ZIP KINGMAN AZ 86401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Lawyer, David
STREET ADDRESS 124 Duval St
CITY-ST-ZIP Key West, FL 33040

TITLE D ☒ Change ☐ Addition
NAME Sheila Lawyer
STREET ADDRESS 124 Duval St
CITY-ST-ZIP Key West, FL 33040

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

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

TITLE ☐ Change ☐ Addition
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:

Sheila Lawyer
SHEILA LAWYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(305) 294-8507

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90239 041 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)