

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000001574**

1. Entity Name

**DISCOVERY INSTITUTE SCHOLARSHIP FUND, INC.**

Principal Place of Business

**227 N. RIDGEWOOD AVE.  
EDGEWATER FL 32132**

Mailing Address

**227 N. RIDGEWOOD AVE.  
EDGEWATER FL 32132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LEWIS, DANNY R  
227 N. RIDGEWOOD AVE.  
EDGEWATER FL 32132**

4. FEI Number

**59-3630961**

Applied For

Not Applicable

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

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 ☐ Delete  
NAME **D WEISS, PAUL**  
STREET ADDRESS **4628 TREE TOP LANE**  
CITY-ST-ZIP **EDGEWATER FL 32141**TITLE ☐ Delete  
NAME **D POWERS, DELORIS**  
STREET ADDRESS **432 WARREN AVE.**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**TITLE ☐ Delete  
NAME **D PECK, LISA**  
STREET ADDRESS **2710 ROYAL PALM DR.**  
CITY-ST-ZIP **EDGEWATER FL 32141**TITLE ☐ Delete  
NAME **D CHRISTIAN, EDGAR**  
STREET ADDRESS **317 WOOD AVE.**  
CITY-ST-ZIP **OAK HILL FL 32759**TITLE ☐ Delete  
NAME **D ASIHENE, REGINA**  
STREET ADDRESS **5856 BOGGSFORD RD.**  
CITY-ST-ZIP **PORT ORANGE FL 32127**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-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90062 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)