

2002 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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3630961

Applied For

Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, PAUL	
STREET ADDRESS	4628 TREE TOP LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, DELORIS	
STREET ADDRESS	432 WARREN AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, LISA	
STREET ADDRESS	2710 ROYAL PALM DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, EDGAR	
STREET ADDRESS	317 WOOD AVE.	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASIHENE, REGINA	
STREET ADDRESS	5856 BOGGSFORD RD.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/25/2002 386-428-0860

Date

Daytime Phone #

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90174 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)