

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001906

1. Entity Name

JOE T. SCHOLARSHIP TRUST, INC.

Principal Place of Business

501 WEST MEADOW STREET
LEESBURG FL 34748

Mailing Address

501 WEST MEADOW STREET
LEESBURG FL 34748

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

59-3636182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEPHEN W
1000 WEST MAIN STREET
LEESBURG FL 34748

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCDANIEL, CHARLIE
501 WEST MEADOW STREET
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
LANGSTON, JOE
501 WEST MEADOW STREET
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MORRIS, DEBRA J
501 WEST MEADOW STREET
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLACKMON, CHESTER A JR.
501 WEST MEADOW STREET
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TARDUGNO, STEVEN J
501 WEST MEADOW STREET
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MITCHELL, JACK D
501 WEST MEADOW STREET
LEESBURG FL 34748 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

352-365-7827

Daytime Phone #

CR2E037 (9/01)

0055931

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90036 049 ****61.25



DO NOT WRITE IN THIS SPACE