

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90093 013 ****70.00

0023190

DOCUMENT # N00000002075

1. Entity Name

**MARY JOE BATTLE MACDONALD SCHOLARSHIP FOUNDATION
 , INC.**

Principal Place of Business

Mailing Address

% HANE G. BLAKE
 7601 COQUINA DRIVE
 NORTH BAY VILLAGE FL 33141

% HANE G. BLAKE
 7601 COQUINA DRIVE
 NORTH BAY VILLAGE FL 33141

625838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 c/o Ann Keusch

3. Mailing Address
 c/o Ann Keusch

Suite, Apt. #, etc.
 5255 Collins Ave., #3B

Suite, Apt. #, etc.
 5255 Collins Ave., #3B

City & State
 Miami Beach, FL

City & State
 Miami Beach, FL

4. FEI Number
 65-0992009

Applied For
 Not Applicable

Zip
 33140

Country
 USA

Zip
 33140

Country
 USA

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

BLAKE, JANE G
7601 COQUINA DRIVE
NORTH BAY VILLAGE FL 33141

Name
Ann G. Keusch

Street Address (P.O. Box Number is Not Acceptable)

5255 Collins Avenue, # 3B

City
Miami Beach

FL

Zip Code
33140

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

Ann G. Keusch

Ann G. Keusch

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **KEUSCH, ANN G**
 CITY-ST-ZIP **3500 MYSTIC POINTE DRIVE, STE 3702 AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5255 Collins Avenue # 3B**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **GLICKSTEIN, LAUREL**
 CITY-ST-ZIP **3500 MYSTIC POINTE DRIVE, STE 1006 AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3342 Amsterdam Avenue**
 CITY-ST-ZIP **Cooper City, FL 33026**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **BLAKE, JANE G**
 CITY-ST-ZIP **7601 COQUINA DRIVE NORTH BAY VILLAGE FL 33141**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Jean MacDonald**
 CITY-ST-ZIP **2182 N.W. Hoyt #16 Portland, OR 97210**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DALLAS, SUE**
 CITY-ST-ZIP **9621 SW 118TH PLACE MIAMI FL 33186**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Judy MacDonald Johnston**
 CITY-ST-ZIP **50 McLaren Street San Francisco, CA 94121**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JENKINS-JAEGER, CAROLYN**
 CITY-ST-ZIP **5869 HARRINGTON WAY BOCA RATON FL 33496**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Peggy MacDonald Brower**
 CITY-ST-ZIP **1105A Madison Avenue Redwood City, CA 94061**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MACDONALD, ROBERT**
 CITY-ST-ZIP **19321 NE 19TH AVE NORTH MIAMI BEACH FL 33179**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Robert MacDonald, Jr.**
 CITY-ST-ZIP **3801 N.E. 9th Avenue Portland, OR 97212**

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:

Ann G. Keusch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann G. Keusch

4-3-02

305-893-8771, ext. 111

Date Daytime Phone #

CR2E037 (9/01)