

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002959

1. Entity Name

KINGDOM OF THE SUN CHAPTER (TROA) SCHOLARSHIP FUND, INC.

Principal Place of Business

4501 N.E. 4TH STREET  
OCALA FL 34470-9400

Mailing Address

PO BOX 114  
OCALA FL 34478-0144

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

59-3647935

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

PULVER, WILLIAM D  
4501 N.E. 4TH STREET  
OCALA FL 34470-9400

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.

*William D. Pulver*

SIGNATURE WILLIAM D. PULVER Registered Agent

FEBRUARY 1, 2002

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 NAME ☐ Delete  
P SHARE, LOUIS L  
STREET ADDRESS 5210 S.W. 89TH PLACE  
CITY-ST-ZIP Ocala FL 34476-3867

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

TITLE NAME ☐ Delete  
V WEST, WILLIAM R  
STREET ADDRESS 9390 S.W. 196TH AVENUE RD.  
CITY-ST-ZIP DUNNELLON FL 34432-2769

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

TITLE NAME ☐ Delete  
TD PULVER, WILLIAM D  
STREET ADDRESS 4501 N.E. 4TH STREET  
CITY-ST-ZIP Ocala FL 34470-9400

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

TITLE NAME ☐ Delete  
D INCE, HENRY W  
STREET ADDRESS 8875 A S.W. 92ND STREET  
CITY-ST-ZIP Ocala FL 34481-7545

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

TITLE NAME ☐ Delete  
D KUNZE, ELTON C  
STREET ADDRESS 11362 S.W. 77TH AVENUE  
CITY-ST-ZIP Ocala FL 34476-4122

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

TITLE NAME ☐ Delete  
SD CLARK, DAWN K  
STREET ADDRESS 729 SOUTHEAST 40TH AVENUE  
CITY-ST-ZIP Ocala FL 34471-2735

TITLE NAME ☐ Change ☐ Addition  
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 an other like empowered.

SIGNATURE: WILLIAM D. PULVER REQUIRED

Feb 1, 2002 352-624-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)