

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90216 011 ****61.25

DOCUMENT # N00000004630

1. Entity Name

SCOTT MICHAEL OGDEN MEMORIAL DEBATE FUND, INC.

Principal Place of Business

Mailing Address

~~2925 BOXWOOD CT.~~

~~PALM HARBOR FL 34684~~

~~2925 BOXWOOD CT.~~

~~PALM HARBOR FL 34684~~

765940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3330 Fox Hill Dr

3. Mailing Address

3330 Fox Hill Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

CLEARWATER

4. FEI Number

105 104 0239

Applied For

Not Applicable

Zip

33761

Country

USA

Zip

33761

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

OGDEN, KAREN L
~~2925 BOXWOOD CT.~~
PALM HARBOR FL 34684

Name

SAME

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

3330 FOX HILL DR

City

CLEARWATER

FL

Zip Code

33761

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

Karen L OGDEN

KAREN L. OGDEN

1/17/01

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 **PRESIDENT** ☐ Delete
NAME **RONALD J OGDEN**
STREET ADDRESS **3330 FOX HILL DR**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
NAME **3330 FOX HILL DR**
STREET ADDRESS **CLEARWATER, FL 33761**
CITY-ST-ZIP

TITLE **Secretary-Treasurer** ☐ Delete
NAME **KAREN L. OGDEN**
STREET ADDRESS **3330 FOX HILL DR**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE ☒ Change ☐ Addition
NAME **3330 FOX HILL DR**
STREET ADDRESS **CLEARWATER, FL 33761**
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
NAME **JAMES STANTON**
STREET ADDRESS **35111 USH 19 N. #300**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Change ☐ Addition
NAME **35111 USH 19 N. #300**
STREET ADDRESS **PALM HARBOR, FL 34684**
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
NAME **MARK OGDEN**
STREET ADDRESS **154-H OVERMOUNT AVE**
CITY-ST-ZIP **WEST PATTERSON, NJ 07424-3246**

TITLE ☐ Change ☒ Addition
NAME **MARK OGDEN**
STREET ADDRESS **154-H OVERMOUNT AVE**
CITY-ST-ZIP **WEST PATTERSON, NJ 07424-3246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

KAREN L OGDEN

1/17/01

727-5

CR2E037 (10/00)