

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-12-2001 90053 015 ****61.25

DOCUMENT # N00000004654

1. Entity Name

FSASE SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

**318 N MONROE ST
TALLAHASSEE FL 32301**

Mailing Address

**318 N MONROE ST
TALLAHASSEE FL 32301**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3667528

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

**LABASKY, RONALD A
318 N MONROE ST
TALLAHASSEE FL 32301**

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	D	<input type="checkbox"/> Delete
NAME	IORIO, PAM	
STREET ADDRESS	601 E KENNEDY BLVD, 16TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, DONNA	
STREET ADDRESS	330 N BEAUMONT AVE	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEPORE, THERESA	
STREET ADDRESS	301 N OLIVE AVE, ROOM 105	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIKES, DOUG	
STREET ADDRESS	6495 CAROLINE ST, STE F	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORDER, PEGGY	
STREET ADDRESS	210 E MOODY BLVD	
CITY-ST-ZIP	BUNNELL FL 32110-0910	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

850 222-3730

Daytime Phone #

CR2E037 (10/00)