

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 027 ****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

310 W. COLLEGE AV.

3. Mailing Address

310 W. COLLEGE AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32301

Country

U.S.

Zip

32301

Country

U.S.

4. FEI Number **59-3667528**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

310 W. COLLEGE AVE.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald Labasky **RONALD LABASKY**

4/28/03

Signature, typed or printed name of registered agent and fee 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **IORIO, PAM**
STREET ADDRESS **601 E KENNEDY BLVD, 16TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete
NAME **BRYANT, DONNA**
STREET ADDRESS **330 N BEAUMONT AVE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☐ Delete
NAME **LEPORE, THERESA**
STREET ADDRESS **301 N OLIVE AVE, ROOM 105**
CITY-ST-ZIP **W PALM BEACH FL 33401**

TITLE **D** ☒ Delete
NAME **BORDER, PEGGY**
STREET ADDRESS **210 E MOODY BLVD**
CITY-ST-ZIP **BUNNELL FL 32110-0910**

TITLE **D** ☐ Delete
NAME **COWLES, BILL**
STREET ADDRESS **119 KALEY ST.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **CLEM, KAY**
STREET ADDRESS **1846 25TH ST. STE 11-109**
CITY-ST-ZIP **VERO BEACH FL 32960**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **SUSAN GILL**
STREET ADDRESS **120 N. ADAPKA AVE**
CITY-ST-ZIP **INVERNESS, FL 34450**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **ANNIE WILLIAMS**
STREET ADDRESS **20 N. MAIN ST., RM 165**
CITY-ST-ZIP **BROOKSVILLE, FL. 34601**

TITLE ☐ Change ☐ Addition
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:

Susan Gill **SUSAN GILL**

4/28/03 850-681-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)