

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90089 041 ****61.25

DOCUMENT # N00000004884

1. Entity Name

WAKULLA HIGH SCHOOL BUILDING SCHOLARSHIP PROGRAM, INC.

Principal Place of Business

Mailing Address

860 REHWINKLE RD
CRAWFORDVILLE FL 32327

860 REHWINKLE RD
CRAWFORDVILLE FL 32327

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

59-3719753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, MIKE ESQ
3047 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32326

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CARTER, R.H. JR**
STREET ADDRESS **860 REHWINKLE RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **D** ☐ Delete
NAME **DODSON, SUSAN**
STREET ADDRESS **113 HARVEY MILL RD.**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **D** ☐ Delete
NAME **CARTER, MIKE**
STREET ADDRESS **77 FRANK JONES RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: **R. H. Carter, Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-02 **850/926-7145**
Date Daytime Phone #

CR2E037 (9/01)