

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90043 045 ****70.00

DOCUMENT # N00000007169

1. Entity Name

JEAN WEIL SCHOLARSHIP FUND, INC.

Principal Place of Business

**775 FENTRESS BLVD.
 DAYTON BEACH FL 32114**

Mailing Address

**775 FENTRESS BLVD.
 DAYTON BEACH FL 32114**

701956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

City & State

DAYTONA BEACH

4. FEI Number

59-3678956

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GATES, JUSTIN
 775 FENTRESS BLVD.
 DAYTON BEACH FL 32114**

Name

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

City

DAYTONA BEACH

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

JUSTIN L. GATES

1/8/01

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 NAME	D <input type="checkbox"/> Delete BARNETTE, ROBERT
STREET ADDRESS	241 SHULL AVENUE
CITY-ST-ZIP	GAHANNA OH 43230
TITLE NAME	D <input type="checkbox"/> Delete BROUSSARD, ALLEN
STREET ADDRESS	MARINE CORP JROTC OFF. 9115 FERN CREEK RD
CITY-ST-ZIP	FERN CREEK KY 40291-2799
TITLE NAME	D <input type="checkbox"/> Delete FOSTER, CAL
STREET ADDRESS	22 WESTBROOK DRIVE
CITY-ST-ZIP	HAMPTON VA 23666
TITLE NAME	D <input type="checkbox"/> Delete GATES, JUSTIN
STREET ADDRESS	775 FENTRESS BLVD.
CITY-ST-ZIP	DAYTON BEACH FL 32114
TITLE NAME	D <input type="checkbox"/> Delete MIKESELL, GREG
STREET ADDRESS	12049 BLANCO ROAD
CITY-ST-ZIP	SAN ANTONIO TX 78216-2499
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAMS, KEITH
STREET ADDRESS	2364 MOONLIGHT GLEN
CITY-ST-ZIP	ESCONDIDO, CA 92026
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NOE, JODI
STREET ADDRESS	5660 CANGRO STREET
CITY-ST-ZIP	COCOA, FL 32926
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DAYTONA BEACH, FL 32114 (TYPED)
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

JUSTIN L. GATES

1/8/01

904/274-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)