

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90162 023 ****61.25

DOCUMENT # N00000007169

1. Entity Name

JEAN WEIL SCHOLARSHIP FUND, INC.

Principal Place of Business

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

Mailing Address

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

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

59-3678956

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

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

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	<input type="checkbox"/> Delete
NAME	BARNETTE, ROBERT	
STREET ADDRESS	241 SHULL AVENUE	
CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUSSARD, ALLEN	
STREET ADDRESS	MARINE CORP JROTC OFF. 9115 FERN CREEK RD	
CITY-ST-ZIP	FERN CREEK KY 40291-2799	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, CAL	
STREET ADDRESS	22 WESTBROOK DRIVE	
CITY-ST-ZIP	HAMPTON VA 23666	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATES, JUSTIN	
STREET ADDRESS	775 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIKESELL, GREG	
STREET ADDRESS	12049 BLANCO ROAD	
CITY-ST-ZIP	SAN ANTONIO TX 78216-2499	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, KEITH	
STREET ADDRESS	2384 MANKENT GLEN	
CITY-ST-ZIP	ESCONDIDO CA 92026	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2364 MOONLIGHT GLEN	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 386/274-1919

CRE037 (9/01)