

2002 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 28, 2002 8:00 am
Secretary of State

04-17-2002 90046 030 ****61.25

DOCUMENT # N01000001542

1. Entity Name

FLORIDA MINERALS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1548
 ORANGE PARK FL 32067-1548

P.O. BOX 1548
 ORANGE PARK FL 32067-1548

2. Principal Place of Business

3. Mailing Address

1101 N. Madison St.
 Suite, Apt. #, etc.

Same as #2
 Suite, Apt. #, etc.

City & State

City & State

Quincy FL

Same as #2

Zip 32351 Country USA

Zip same Country same

4. FEI Number

593714893

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

MATTHEWS, FRANK E
 HOPPING GREEN SAMS & SMITH, P.A.
 123 S CALHOUN ST
 TALLAHASSEE FL 32314

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 DP
 NAME SLOAN, GRAEME
 STREET ADDRESS 1223 WARNER RD
 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043-4623 ☒ Delete

TITLE DS
 NAME Jim Scott
 STREET ADDRESS (same)
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DV
 NAME NICHOLS 753, PATRICIA
 STREET ADDRESS P.O. BOX 753
 CITY-ST-ZIP STARKE FL 32091 ☐ Delete

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

TITLE DT
 NAME BATTS, MIKE
 STREET ADDRESS 2916 E PARK AVE
 CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

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

TITLE DS, DP
 NAME CUNIO, MIKE
 STREET ADDRESS 1101 N MADISON ST
 CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

MIKE CUNIO

5/14/02

Date

888-830-627-7688

Daytime Phone #

X266

CR2037 (9/01)