

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90412 014 ****61.25

DOCUMENT # N01000001542



1. Entity Name
FLORIDA MINERALS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

**1101 N. MADISON ST.
QUINCY FL 32351**

Mailing Address

**1101 N. MADISON ST.
QUINCY FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3714893**

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

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

Name

Mihalik, David P.

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

6359 San Martin Ct.

City

Tallahassee

FL

Zip Code

32312

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

[Signature]

David P. Mihalik

4/29/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **SCOTT, JIM**
STREET ADDRESS **1223 WARNER RD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043-4623**

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **DP Mihalik, David**
STREET ADDRESS **1101 N Madison St**
CITY-ST-ZIP **Quincy, FL 32351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

[Signature] **David P. Mihalik**

4/29/03

(850) 627-7688x261

CR2E037 (10/02)