

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-06-2002 90033 010 ****61.50

DOCUMENT # NO1000002954

1. Entity Name

RUTH SMITH LIBKIE SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

1805 96TH C. N.W.
BRADENTON FL 34209

1805 96TH C. N.W.
BRADENTON FL 34209

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

59-3720091

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

CABLISH, HOMER G III
4301 32ND ST. WEST, STE. D-5
BRADENTON FL 34205

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	P	<input type="checkbox"/> Delete
NAME	CABLISH, KATHLEEN L	
STREET ADDRESS	1805 96TH C. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	Everett L. Libkie	<input type="checkbox"/> Delete
NAME	4890 W. St. Rd 46	
STREET ADDRESS	Bloomington, IN 47404	
CITY-ST-ZIP		
TITLE	Carol B. Grabert	<input type="checkbox"/> Delete
NAME	3718 Brion Place	
STREET ADDRESS	Carmel IN 46033	
CITY-ST-ZIP		
TITLE	Homer G. Cablish, III	<input type="checkbox"/> Delete
NAME	4855 27th St. West	
STREET ADDRESS	Bradenton, FL 34207	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

941-350-9090

Daytime Phone #

CR2E037 (9/01)