

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90004 018 \*\*\*\*61.25

**DOCUMENT # N01000005906**

1. Entity Name

**NORMA GAIL SPENCER AP ENGLISH MEMORIAL SCHOLARSH  
 IP FUND, INC.**

Principal Place of Business

Mailing Address

**6467 SUNSET DRIVE  
 MIAMI FL 33143**

**6467 SUNSET DRIVE  
 MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**BAKER, RONALD G  
 RUSSO & BAKER, P.A.  
 2655 LEJEUNE RD., SUITE 201  
 CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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 ☐ Delete  
 NAME **President**  
 STREET ADDRESS **Suzanne Spencer Chaffin**  
 CITY-ST-ZIP **6467 Sunset Dr.  
 Miami, FL 33143**

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

TITLE ☐ Delete  
 NAME **Secretary**  
 STREET ADDRESS **Julie Spencer**  
 CITY-ST-ZIP **5276 Weatherwood Trace  
 Marietta, GA 30068**

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

TITLE ☐ Delete  
 NAME **Director**  
 STREET ADDRESS **Shawn Chaffin**  
 CITY-ST-ZIP **882 Silverado Ct.  
 Lake Mary, FL 32746**

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

TITLE ☐ Delete  
 NAME **Director**  
 STREET ADDRESS **Jason Host**  
 CITY-ST-ZIP **2657 Lenox Road, NE #208  
 Atlanta, GA 30324**

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

TITLE ☐ Delete  
 NAME **Director**  
 STREET ADDRESS **Jenny Sheppard**  
 CITY-ST-ZIP **3443 Esplanade AV #428  
 New Orleans, LA 70119**

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** *Edward Chaffin*

CR2E037 (4/02)