

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000007056**

1. Entity Name

RENEE M. KELLER SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

**1 JOHN ANDERSON DR., #107
ORMOND BCH FL 32176****1 JOHN ANDERSON DR., #107
ORMOND BCH FL 32176**

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

59-3753471

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

**DUDLEY, JOSEPH P
403 DOWNING ST.
NEW SMYRNA BCH FL 32168**

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 \$61.259. 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 **PD
KELLER, RENEE M**
STREET ADDRESS **1 JOHN ANDERSON DR., #107**
CITY-ST-ZIP **ORMOND BCH FL 32176**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD
DUDLEY, JOSEPH P**
STREET ADDRESS **6174 SHORE LINE DR.**
CITY-ST-ZIP **PORT ORANGE FL 32127**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD
NOCCO, PAUL**
STREET ADDRESS **42 S. PENINSULA DR.**
CITY-ST-ZIP **DAYTONA BCH FL 32118**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD
BOLERJACK, DANIEL J**
STREET ADDRESS **42 S. PENINSULA DR.**
CITY-ST-ZIP **DAYTONA BCH FL 32118**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

RENEE M. KELLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-19-02**

Date

386-676-1076

Daytime Phone #

0002199

CP2E037 (9/01)