

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90230 004 \*\*\*\*61.25

**DOCUMENT # N01000007056**

1. Entity Name

**RENEE M. KELLER SCHOLARSHIP FUND, INC.**



Principal Place of Business

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

Mailing Address

**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

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

7. Name and Address of New Registered Agent

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

**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

TITLE: **PD** ☐ Delete  
NAME: **KELLER, RENEE M**  
STREET ADDRESS: **1 JOHN ANDERSON DR., #107**  
CITY-ST-ZIP: **ORMOND BCH FL 32176**

TITLE: **VD** ☐ Delete  
NAME: **DUDLEY, JOSEPH P**  
STREET ADDRESS: **6174 SHORE LINE DR.**  
CITY-ST-ZIP: **PORT ORANGE FL 32127**

TITLE: **TD** ☐ Delete  
NAME: **NOCCO, PAUL**  
STREET ADDRESS: **42 S. PENINSULA DR.**  
CITY-ST-ZIP: **DAYTONA BCH FL 32118**

TITLE: **SD** ☐ Delete  
NAME: **BOLERJACK, DANIEL J**  
STREET ADDRESS: **42 S. PENINSULA DR.**  
CITY-ST-ZIP: **DAYTONA BCH FL 32118**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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**

*Renee M. Keller* 3-21-03 386-6761076

CR2E037 (10/02)