


02-03-2003 90444 001 ***122.50

2

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

DOCUMENT # N02000006258

1. Entity Name
SUGAR MILL COUNTRY CLUB SCHOLARSHIP FUND, INCORPORATED



Principal Place of Business
**100 CLUBHOUSE CIR
 NEW SMYRNA BCH FL 32168**

Mailing Address
**100 CLUBHOUSE CIR
 NEW SMYRNA BCH FL 32168**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
43-1979116

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MANKOWSKY, PAUL
 100 CLUBHOUSE CIR
 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 *Paul Mankowsky* **Paul Mankowsky General Mgr/COO.** **1-17-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	C HOLEY, RONALD L 1097 CLUBHOUSE BLVD NEW SMYRNA BCH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES MEYER 242 SWEET BAY AVE NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHAIRMAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, GERALD 300 SWEET BAY AVE NEW SMYRNA BCH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODRINGTON, BILL 200 SWEET BAY AVE NEW SMYRNA BCH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, ROBERT P 288 CLUBHOUSE BLVD NEW SMYRNA BCH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARN, WILLIAM J 562 CLUBHOUSE BLVD NEW SMYRNA BCH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JAMES B 428 SWEET BAY AVE NEW SMYRNA BCH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: *Charles Meyer* **Charles Meyer** **1/17/03** **386-423-4702**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date