


02-03-2003 90444 001 ***122.50

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**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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 43-1979116	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANKOWSKY, PAUL 100 CLUBHOUSE CIR 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Paul Mankowsky</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		General Mgr/COO. 1-17-03 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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
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: <i>Charles Meyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/17/03 386-423-4702 <small>Date</small>	

CR2E037 (10/02)