

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

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90070 008 ****61.25

DOCUMENT # NO2000007972

1. Entity Name

THE SHAWN KING SCHOLARSHIP FUND, INC.



Principal Place of Business

**4001 TAMiami TRAIL N STE 350
NAPLES FL 34103**

Mailing Address

**4001 TAMiami TRAIL N STE 350
NAPLES FL 34103**

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

43-1979341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUND, CHAD THOMAS CHAD LUND
4001 TAMiami TRAIL N STE 350
NAPLES FL 34103**

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
After September 10, 2003, min will be \$236.25**

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	Chairman of the Board <input type="checkbox"/> Delete Thomas Chad Lund c/o Lund Capital Group 4001 Tamiami Trl N #350 Naples, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Delete Paul E. Manley C/o FNB 9000 Goodlette Road Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Delete Mr. Chris Hanlon c/o WCI 24301 Walden Ctr Drive, Ste. 300 Bonita Sprgs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Delete Mrs. Allison King 9693 Wilshire Lakes Blvd. Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Delete Melvin L. Engel, Jr. c/o BCBE 3606 Enterprise Ave Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Delete Robert King c/o Closet Co. 3605 Tamiami Trail N. Naples, FL 34103

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition Joyce Crossett c/o BCBE 3606 Enterprise Avenue Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

8/12/03

239-2131953

CR2E037 (4/03)