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

DOCUMENT # N0300000010

1. Entity Name

SOLOMON BARNES SCHOLARSHIP FUND, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90175 020 ****61.25

						_			
Principal Place	e of Business	Mailing	g Address				•		
1017 N W 9TH COURT			W 9TH COURT FL 33136-3012						
MIAMI FL 3313	6-3U12	MIAMI	FL 33130-3012					*****	66tt (88t
2. Principal Place of Business 3.			3. Mailing Address						1
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	Э	Cit	City & State			4. FEI Number 65-11700	77	<u> </u>	oplied For ot Applicable
Zip	Country	Zip) .	Country	у	5. Certificate of Statu	s Desired	8.75 Add	
	6 Name and Address of Cur	rent Registere	d Agent			7. Name and Addres	ss of New Registered A	gent	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
WILLIAMS, THOMASINA H ESQ					Street Address (P.O. Box Number is Not Acceptable)				
80 SW 80TH STREET SUITE 1830 MIAMI FL 33130-3047									
MIAMI FL 33130-3047				 			FL	Zip Cod	e
	*				<u></u>		- -	ilian vuitb	and accept
	named entity submits this stateme	ent for the purp	ose of changing its	s registered (office or regis	stered agent, or both, in the	e State of Florida. Tarri la	griniar widi,	and accept
the obligat	ons of registered agent.								}
SIGNATURE :	**								
SIGNATURE:	Signature, typed or printed name of registered	agent and title if app	blicable. (NOT	ΓE: Registered Ag	gent signature req	uired when reinstating)	DATE		<u></u>
	t		1.00				Mala Obsala	Davabla	.
A CONTRACTOR	FILE NOW: FEE IS \$61.25		Election Car Trust Fund (mpaign Fina Contribution.		\$5.00 May Be Added to Fees	Make Check Florida Depart		
	OFFICERS AN	D DIRECTORS	 .	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	I 10
10.	T	DINECTORS	☐ Delete	TITLE	1-	7155711071070701111		☐ Change	Addition
TITLE NAME	DP SMITH, H.T.		☐ Delete	NAME					
STREET ADDRESS	1017 N W 9TH COURT			STREET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33136-3012			CITY-ST	- ZIP				
TITLE	DV		☐ Delete	TITLE	ĺ			☐ Change	☐ Addition
NAME	STINSON, SOLOMON DR.			NAME					
STREET ADDRESS	1450 NE 2ND AVENUE ROO	M 700		STREET A	AODRESS				}
CITY-ST-ZIP	MIAMI FL 33132				-ZIF		يغيم مستحين واليهاي والمستحيد المارات	.F. Change:	Addition
TITLE	150.	FEET ASTROPE	Delete Delete	TITLE .				onlinge	
NAME CERTE ADDRESS	YOUNG, FRED				ADDRESS				
STREET ADDRESS CITY-ST-ZIP	17041 NW 10TH COURT			CITY-ST					
	MIAMI FL 33169-3012		☐ Delete	TITLE				☐ Change	. 🗌 Addition
TITLE NAME				NAME					
STREET ADDRESS				STREET	ADDRESS				ļ
CITY-ST-ZIP				CITY-ST	r- ZIP				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME			•	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		<u> </u>		CITY-ST	- 217	<u> </u>		Chance	☐ Addition
TITLE			Delete	TITLE				☐ Change	☐ Addition
NAME				NAME STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST					
	certify that the information supplie	1 20 0 1 72				n Section 110 07/3\/i\ Elor	ida Statutes. I further cert	tify that the	information
12 Thereby	certify that the information supplie	a with this filing	a goes not dualify to	or the exemit	JUDII SLALEU I	n occion i is.u/(c)(i/, fiul	NAME OF TAXABLE PARTY OF THE PA		

I nereby certify that the information supplied with this hilling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. Florida control and 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:

SIGHT

6/03 305-324-1845