

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 19 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10212004 REIN-NP CR2E099 (6/04)

4. FEI Number
41-2080230

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

DOCUMENT # N03000001523

1. Entity Name
ZACK LUKAS CROSS-COUNTRY SCHOLARSHIP FUND, INC.



Principal Place of Business
**5143 COMMERCIAL WAY
SPRING HILL, FL 34606**

Mailing Address
**20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITOLA, JOHN R
218 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**

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 \$236.25
After January 1, 2005, Fee will be \$297.50**

**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
**D
LUKAS, MARK
23309 CHRISTIAN CIRCLE
BROOKSVILLE, FL 34601** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUKAS, KAREN
23309 CHRISTIAN CIRCLE
BROOKSVILLE, FL 34601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900042193429
10/26/04--01083--001 **236.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIERZYNSKI, MICHAEL
5143 COMMERCIAL WAY
SPRING HILL, FL 34606** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/04 3527961390