

9/29/2020

N 18000010384

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : MILAM HOWARD, ET.AL.
Account Number : I20000000206
Phone : (904)357-3660
Fax Number : (904)357-3661

Rwhite
10/1/20

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Ahoward@milamhoward.com

**REGISTERED AGENT RESIGNATION
UNBROKEN HORIZONS SCHOLARSHIP FOUNDATION, INC.**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNBROKEN HORIZONS SCHOLARSHIP FOUNDATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: NJ8000010384

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. ALAN HOWARD

(Name of Person)

MILAM HOWARD NICANDRI & GILLAM, P.A.

(Name of Firm/Company)

14 E. BAY STREET

(Address)

JACKSONVILLE, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

G. ALAN HOWARD

(Name of Person)

at (904) 357-3660

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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12:10

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, G. ALAN HOWARD

(Name of Registered Agent)

hereby resigns as Registered Agent for UNBROKEN HORIZONS SCHOLARSHIP FOUNDATION, INC.

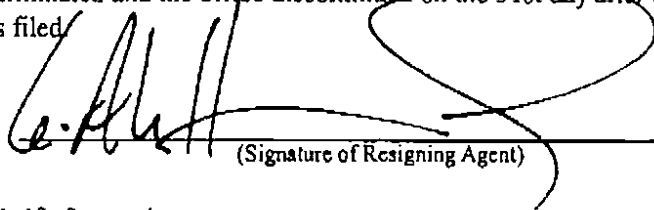
(Name of Corporation)

N18000010384

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

G. ALAN HOWARD
(Typed or Printed Name)

PRESIDENT
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314