

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM****Secretary of State****DOCUMENT # N27053****1. Entity Name**
RICHARDSON SCHOLARSHIP FOUNDATION, INC.**Principal Place of Business**
1626 90TH AVE
P.O. BOX 339
VERO BCH. FL 329617339**Mailing Address**
1626 90TH AVE
P.O. BOX 339
VERO BCH. FL 329617339**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
65-0064113

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
VERO BEACH FL 32962 US
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.****SIGNATURE** **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLE, GEORGE A.		NAME	KAHLE, GEORGE A.	
STREET ADDRESS	6020 SW 5TH ST.		STREET ADDRESS	6020 SW 5TH ST.	
CITY-ST-ZIP	VERO BCH. FL 32968		CITY-ST-ZIP	VERO BCH. FL 32968	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, TOMAS RENE		NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVE		STREET ADDRESS	2019 CORTEZ AVE	
CITY-ST-ZIP	VERO BCH. FL 32960		CITY-ST-ZIP	VERO BCH. FL 32960	
TITLE	DAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, SUSAN R.		NAME		
STREET ADDRESS	1580 GRACEWOOD LN.		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL 32963		CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, NANCY R.		NAME	LUTHER, NANCY R.	
STREET ADDRESS	555 SOUTH A1A		STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLE, SANDRA R.		NAME	KAHLE, SANDRA R.	
STREET ADDRESS	6020 S.W. 5TH STREET		STREET ADDRESS	6020 S.W. 5TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K.		NAME	RICHARDSON, DANFORTH K.	
STREET ADDRESS	1855 28TH AVENUE		STREET ADDRESS	1855 28TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP	VERO BEACH FL 32960	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Tomas Rene Perez ST 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

CARTER W. HOPKINS
1580 GRACEWOOD LANE

VERO BEACH, FLORIDA 32963