

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28392

1. Entity Name

MISS LARGO SCHOLARSHIP PAGENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90183 013 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 731
LARGO FL 34649-0731

P.O. BOX 731
LARGO FL 33779-0731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2920609

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REES, SHANNON
3058 BRANCH DRIVE
CLEARWATER FL 33760

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☐ Delete
NAME **HALL, RACINE**
STREET ADDRESS **1810 BRENTWOOD DR**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **V** ☐ Change ☒ Addition
NAME **DENNIS GRAY**
STREET ADDRESS **8415 74TH AVENUE NORTH**
CITY-ST-ZIP **LARGO, FLORIDA 33777**

TITLE **T** ☒ Delete
NAME **BAILEY, ROLAND**
STREET ADDRESS **1810 BRENTWOOD DR**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **DS** ☐ Delete
NAME **CLARK, LINDA KAY**
STREET ADDRESS **7139 PARKSIDE VILLAS DRIVE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

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

TITLE **V** ☐ Delete
NAME **DYMTROW, MARY**
STREET ADDRESS **3142 SHORELINE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760**

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

TITLE **T** ☐ Delete
NAME **BAILEY, ROLAND**
STREET ADDRESS **2823 EAGLE RUN CIRCLE NORTH**
CITY-ST-ZIP **CLEARWATER FL 33760**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

CR2E037 (9/99)