

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28392

1. Entity Name

MISS LARGO SCHOLARSHIP PAGENT, INC.

Principal Place of Business

P.O. BOX 731  
LARGO FL 34649-0731

Mailing Address

P.O. BOX 731  
LARGO FL 34649-0731

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

59-2920609

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

REES, SHANNON  
2823 EAGLE RUN CIRCLE N.  
CLEARWATER FL 33760

Name

Shannon Rees

Street Address (P.O. Box Number is Not Acceptable)

9143 Jakes Path

City

Largo

FL

Zip Code

33771

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 file 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 DVP  
NAME GRAY, DENNIS  
STREET ADDRESS 8415 74TH AVENUE NORTH  
CITY-ST-ZIP LARGO FL 33777 ☒ Delete

TITLE DVP  
NAME Gray, Dennis  
STREET ADDRESS 5722 18th Ave. South  
CITY-ST-ZIP Gulfport Florida 33707 ☒ Change ☐ Addition

TITLE DVP  
NAME WATERS, TAYLOR  
STREET ADDRESS 646 CAPESTRANO CT  
CITY-ST-ZIP LARGO FL 33771 ☒ Delete

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

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

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

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

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

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

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

TITLE DVP  
NAME Amy Kisner  
STREET ADDRESS 8915 117th Street North  
CITY-ST-ZIP Seminole, Florida 33772 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 607, 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: Shannon Rees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)