

**'2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N29137**

1. Entity Name

**U.Y.O. SCHOLARSHIP FUND OF CENTRAL FLORIDA, INC.**

*(Handwritten: 2)*

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90012 037 \*\*\*\*61.25

Principal Place of Business

5031 NASSAU CIRCLE  
 ORLANDO FL 32808  
 US

Mailing Address

5031 NASSAU CIRCLE  
 ORLANDO FL 32808  
 US

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

**59-2916500**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHEELER, KENNETH B**  
**1155 LOUISIANA AVE.**  
**SUITE 100**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 min. will be \$236.25**

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  Delete  
 NAME **D HARPER, CAROL**  
 STREET ADDRESS **1675 KINGSTON ROAD**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT ACOSTA, ROLAND**  
 STREET ADDRESS **5031 NASSAU CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVP KOVES, JULIETTE**  
 STREET ADDRESS **1224 MARSH CREEK LANE**  
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DP GRANDY, JAN**  
 STREET ADDRESS **908 GARDEN PLAZA**  
 CITY-ST-ZIP **ORLANDO FL 32803**

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

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

*(Handwritten Signature: ROLAND ACOSTA)*

*(Handwritten Date: 8/7/00)*

*(Handwritten Phone: (407) 237-5339)*

Date

Daytime Phone #

CR2E037 (5/00)