

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # N34602

1. Corporation Name

U.Y.O. SCHOLARSHIP FUND OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 141115  
GAINESVILLE, FL 32614-1115

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30 ALACHUA

3. Date Incorporated or Qualified

10/10/89

3a. Date of Last Report

4/17/96

4. FEI Number

59-2993279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARRY HORWITZ  
10602 NW 149TH PLACE  
ALACHUA, FL 32615

81 Name

LORETTA BUCHHOLZ

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

2208 NW 71st PLACE

83

84 City

GAINESVILLE

FL

85 Zip Code

32653

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Larry Horwitz* *Loretta Buchholz*

5/2/97

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME HORWITZ, LARRY  
STREET ADDRESS 150 WOODLAND OAKS  
CITY-ST-ZIP ALACHUA FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME LORETTA BUCHHOLZ  
1.3 STREET ADDRESS 2208 N.W. 71ST PLACE  
1.4 CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE ☒ DELETE  
NAME BENSON, ALISON K  
STREET ADDRESS 308 ARPIEKA AVE  
CITY-ST-ZIP ST. AUGUSTINE, FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME DENISE FREEDMAN  
2.3 STREET ADDRESS 5623 N.W. 43RD ROAD  
2.4 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☒ DELETE  
NAME WARD, CARMEN  
STREET ADDRESS 703 NW 11TH AVE  
CITY-ST-ZIP GAINESVILLE

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME JUDITH REMBERT  
3.3 STREET ADDRESS 6308 S.W. 37TH WAY  
3.4 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☒ DELETE  
NAME MUNSEY, MEREDITH  
STREET ADDRESS 9107 NW 36TH ST.  
CITY-ST-ZIP GAINESVILLE, FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

CC 5/12

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Loretta Buchholz* *Loretta Buchholz* 5/2/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/96)