

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90062 045 ****61.25

DOCUMENT # N39698

1. Entity Name

THE MISS HOMESTEAD SCHOLARSHIP FOUNDATION, INCORPORATED

Principal Place of Business

**378 SW 6 STREET
FLORIDA CITY FL 33034
US**

Mailing Address

**378 SW 6 STREET
FLORIDA CITY FL 33034
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

65-0281355

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

**SCOTT, MARIA
378 SW 6 STREET
FLORIDA CITY FL 33034**

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	<input type="checkbox"/> Delete
NAME	SCOTT, MARIA	
STREET ADDRESS	378 SW 6 STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	T	<input type="checkbox"/> Delete
NAME	YESENIA, VALENCIA	
STREET ADDRESS	2604 SE 21 CT #202A	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERGUSON, KATHY	
STREET ADDRESS	23705 S.W. 153 CT.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	S	<input type="checkbox"/> Delete
NAME	COTTO, MYRNA	
STREET ADDRESS	16901 SW 304TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELEON, LISA	
STREET ADDRESS	556 SW 7TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDENBERG, ANN MARIE	
STREET ADDRESS	1344 N KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	140 NW 21 Street	
STREET ADDRESS	Homestead, FL 33030	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

305-265-6444

Date

Daytime Phone #

CR2E037 (9/01)