

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41556

1. Entity Name

MARILYN DIERSING MEMORIAL SCHOLARSHIP FUND, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90068 018 ****61.25

Principal Place of Business

2801 SW 109 TERR
DAVIE FL 33328

Mailing Address

2801 SW 109 TERR
DAVIE FL 33328-1508

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2563614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
9100 S DADELAND BLVD
PH 1
MIAMI FL 33156

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

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

TITLE **D** ☐ Delete
NAME **DIERSING, JAMES J.**
STREET ADDRESS **2801 S W 109 TERR**
CITY-ST-ZIP **DAVIE FL**

TITLE **D** ☐ Delete
NAME **TARTARO, ALEX**
STREET ADDRESS **1024 SE 5 AVE**
CITY-ST-ZIP **DANIA FL**

TITLE **D** ☐ Delete
NAME **CARTER, PAULA**
STREET ADDRESS **9895 SW 96 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **EVANS, DICK**
STREET ADDRESS **1 HERALD PLAZA**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

James J. Diersing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 954 846-8088
Date Daytime Phone #

CR2E037 (9/99)