

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90798 001 \*\*\*\*61.25  
05-05-2003 90798 002 \*\*\*\*\*8.75

**DOCUMENT # N42162**

1. Entity Name

**THE HARRY CHIPCHASE SCHOLARSHIP FUND, INC.**



Principal Place of Business

**209 JULIA STREET  
KEY WEST FL 33040**

Mailing Address

**209 JULIA STREET  
KEY WEST FL 33040**

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 **65-0357972**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, ROBERT  
209 JULIA STREET  
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D BUTLER, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>209 JULIA STREET, KEY WEST FL</b>	
TITLE NAME	<b>D JAMES, NORICE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>414 VIRGINIA STREET KEY WEST FL</b>	
TITLE NAME	<b>T BUTLER, ROBINETTE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1010 EMMAST APT 5-C KEY WEST FL</b>	
TITLE NAME	<b>T LEGGETT, JOAN A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>E 20 11TH AVE KEY WEST FL 33040</b>	
TITLE NAME	<b>T STAFFORD, VERONICA</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>720 THOMAS ST. KEY WEST FL 33040</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Robert Butler*  
**REQUIRED**

14/28/03 (305) 294-9643

CR2E037 (10/02)