2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N43565 Jan 13, 2000 8:00 am 1. Entity Name **Secretary of State** REESE SCHOLARSHIP FUND, INC. 01-13-2000 90038 001 ****61.25 Principal Place of Business Mailing Address 1302 S.W. 25TH PLACE 1302 S.W. 25TH PLACE BOYNTON BEACH FL 33426-7445 **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0266964 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CATO, MICHAEL 1302 S.W. 25 PLACE **BOYNTON BEACH FL 33426** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or res 5001日产育建设等。 National Action Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be **Department of State** Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME CATO, MICHAEL D. STREET ADDRESS STREET ADDRESS 1302 S.W. 25 PLACE CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL ☐ Addition ☐ Delete Change TITLE TITLE n NAME AKERS, CHUCK NAME STREET ADDRESS STREET ADDRESS 803 W. PARK ST. CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 Change ☐ Addition ☐ Delete TITLE NAME HARDEE, BETH NAME STREET ADDRESS STREET ADDRESS 1024 NORTHEAST 14 ST, BLDG C CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL 32602 Addition ☐ Delete TITLE ☐ Change TITLE NAME RANDALL, STEVE NAME STREET ADDRESS STREET ADDRESS 225 NEWBURYPORT AVE CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 Treas. X Addition 🟝 Delete ☐ Change TITLE TITLE Daniel Dietz PAINTER, STEVE NAME NAME STREET ADDRESS 1790 5th Avenue STREET ADDRESS 180 W. LYMAN AVE CITY-ST-ZIP CITY-ST-7IP Vero Beach, FL 32960 WINTER PARK FL 32780 Director X Change ☐ Addition ☐ Delete TITLE TITLE APFELBECK, ANTHONY NAME Apfelbeck, Anthony STREET ADDRESS 400 ALEXANDRIA BLVD. STREET ADDRESS 400 Alexandria Blvd. 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

SIGNATURE:

OVIEDO FL 32765

CITY-ST-ZIP

Oviedo, FL 32765

561 243-7420