

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45138

1. Entity Name

HENRY SCHARRER MEMORIAL SCHOLARSHIP FUND, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90108 010 ****61.25

Principal Place of Business

Mailing Address

109 PHILLIPS WAY
PALM HARBOR FL 34683

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PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LATVALA, SUSAN
109 PHILLIPS WAY
PALM HARBOR FL 34683

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

Susan Latvala

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-26-02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LATVALA, SUSAN	109 PHILLIPS WAY	PALM HARBOR FL	<input type="checkbox"/>
VD	BRANDT, BARBARA	2473 INDIAN TRAIL W	PALM HARBOR FL	<input type="checkbox"/>
VD	FORTNER, TERRY	19 BAY DR	OZONA FL	<input type="checkbox"/>
VD	FOX, MARJORIE	1395 SHADY AOK LN	TARPON SPRINGS FL	<input type="checkbox"/>
TD	LEOTTA, BARBARA	2949 GREENLEAF CT	PALM HARBOR FL	<input type="checkbox"/>
SD	HOKE, KATHY	2464 INDIAN TRAIL W	PALM HARBOR FL	<input type="checkbox"/>

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

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:

Susan Latvala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02

Date

Daytime Phone #

CR2E037 (9/01)