

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90125 017 \*\*\*\*61.25

**DOCUMENT # N46859**

1. Entity Name

**FLORIDA ASSOCIATION OF SCHOLARS, INC.**

**00047224**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2869 D PAR LANE  
TALLAHASSEE FL 32301-6866**

Mailing Address

**2869 D PAR LANE  
TALLAHASSEE FL 32301-6866**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3142149**

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

**WOLLAN, LAURIN A. JR.  
2869 PAR LANE  
TALLAHASSEE FL 30301**

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 NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> → <b>C O B</b> <b>DEROSA, MARSHALL</b> <b>2869 D PAR LANE</b> <b>TALLAHASSEE FL 32301-6866</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CUZAN, ALFRED G.</b> <b>P.O. BOX 15389 NA</b> <b>PENSACOLA FL 32514</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>COB</del> → <b>P and D</b> <b>WOLLAN, LAURIN A JR.</b> <b>2869D PAR LANE</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D and ST</b> <b>CZAJKOSKI, EUGENE H</b> <b>2340 KILKENNY EAST</b> <b>TALLAHASSEE FL 32303</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EHRlich, PAUL</b> <b>108 N.W. 22ND DRIVE</b> <b>GAINESVILLE FL 32605</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GENTRY, DAVID</b> <b>3917 N.W. 27TH PLACE</b> <b>GAINESVILLE FL 32605</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MICHAEL D. GRIMES</b> <b>9450 LIVE OAK PLACE</b> <b>FT. LAUDERDALE FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>HOWARD P. KEULHIL</b> <b>614 PIEDMONT DRIVE</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>RICHARD S. HANCOCK</b> <b>7473 S.E. AUTUMN LANE</b> <b>HOBBS SOUND FL 33455</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GLORIA B. MOSE</b> <b>29 DIRECTOR</b> <b>742 N.W. 96 CIRCLE</b> <b>PLANTATION FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>MARSHALL DEROSA</b> <b>2869 D PAR LANE</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P and D</b> <b>LAURIN A. WOLLAN JR</b> <b>2869 D PAR LANE</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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**  
**LAURIN A. WOLLAN JR**

**RESIDENT**

**5-1-01**

**850-878-6341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

D + S-T  
EUGENE H. CZAJKOWSKI  
2340 KILKENNY EAST  
TALLAHASSEE FL 32303

Attachment  
# N46859 / D0047224  
(Change)