

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am,**  
**Secretary of State**

05-07-2002 90234 039 \*\*\*\*61.25

**DOCUMENT #**

**N46859**

**1. Entity Name**

**Florida Association of Scholars, Inc.**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**2869 D Par Lane**

**Suite, Apt. #, etc.**

**Tallahassee FL 32301**

**3. Mailing Address**

**2869 D Par Lane**

**Suite, Apt. #, etc.**

**Tallahassee FL 32301**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**59-3142149**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

**Laurin A. Wollan, Jr.**

**Street Address (P.O. Box Number is Not Acceptable)**

**2869 D Par Lane**

**Tallahassee FL 32301**

**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**

**FEE IS \$61.25**

**Initial or Amended UBR**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D/COB  
DeRosa, Marshall  
2869 D Par Lane  
Tallahassee FL 32301**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D/P  
Laurin A. Wollan, Jr.  
2869 D Par Lane  
Tallahassee FL 32301**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D/S-T  
Czajkoski, Eugene H.  
2340 Kilkenney East  
Tallahassee FL 32303**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D/VP  
Hancock, Richard S.  
7473 S. E. Autumn Lane  
Hobe Sound FL 33455**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D  
Grimes, Michael D.  
9450 Live Oak Place  
Ft. Lauderdale FL 33324**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D  
Moss, Gloria B.  
742 N. W. 98 Circle  
Plantation FL 33324**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**Laurin A. Wollan Jr., Pres. 4-25-02 650-878-6361**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**CR2E037B (12/01)**

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATTACHMENT 2

DOCUMENT #

1. Entity Name

N 46859 / 649812

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Keuchel, Edward F.  
812 Piedmont Drive  
Tallahassee FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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SIGNATURE:

CR2E037B (12/01)