

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90252 014 \*\*\*\*61.25

0038156

**DOCUMENT # N47040**

1. Entity Name

**FRIENDS OF 440 SCHOLARSHIP FUND, INC.**

Principal Place of Business

Mailing Address

**80 SOUTHWEST EIGHTH STREET  
SUITE 1910  
MIAMI FL 33130****80 SOUTHWEST EIGHTH STREET  
SUITE 1910  
MIAMI FL 33130**

715014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**63-0319696**☒ 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

**SADOW, RICHARD A.  
80 SOUTHWEST EIGHTH STREET  
SUITE 1910  
MIAMI FL 33130**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>SADOW, RICHARD A. ESQ</b><br><b>80 SW 8TH ST, #1910</b><br><b>MIAMI FL</b>                      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>SB</del> <b>Treasurer</b><br><b>THOMAS W CONROY</b><br><b>80 SW 8TH ST #1910</b><br><b>MIAMI FL 33130</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD</b><br><b>JUDGE ALAN M KUKER</b><br><b>80 SW 8TH ST #1910</b><br><b>MIAMI FL 33130</b>                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD</b><br><b>CESAR A ARMSTRONG</b><br><b>80 SW 8TH ST #1910</b><br><b>MIAMI FL 33130</b>                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CHARLES E. KELLEY,</b><br><b>15600 NW 67 AVE., #204</b><br><b>MIAMI LAKES FL</b>                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY</b><br><b>JULIEAN RICE-CHAROUIIS</b><br><b>80 SW 8TH ST. #1910</b><br><b>MIAMI, FL 33130</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input 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)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2001 (305)539-9000

Date

Daytime Phone #

CR2E037 (10/00)