

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49275

1. Entity Name

MISS SEMINOLE SCHOLARSHIP PAGEANT, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90038 015 ****61.25

Principal Place of Business

Mailing Address

12788 91 AVE N
SEMINOLE FL 33776
US

12788 91 AVE N
SEMINOLE FL 33776-2544
US

DUU10100

2. Principal Place of Business

12788-91 Avenue North

3. Mailing Address

12788-91 Avenue North

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Seminole, FL

4. FEI Number

59-3127534

Applied For

Not Applicable

Zip

33776

Country

USA

Zip

33776

Country

USA

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

CATON, RICHARD P.
7843 SEMINOLE BLVD
SEMINOLE FL 33772

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	DT	<input type="checkbox"/> Delete
NAME	HOOPER, TRACY	
STREET ADDRESS	13239 86 AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SILVERS, SHARON	
STREET ADDRESS	8300 BARDMOOR BLVD #109	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HILAS, HENNY	
STREET ADDRESS	12788 91 AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALLWOOD, CARRIE	
STREET ADDRESS	13517 82 AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MARY	
STREET ADDRESS	483 Harbor Drive South	
CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE: *Henny B. Hlas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-397-1719 (home phone)
January 31, 2000

Date

Daytime Phone #

CR2E037 (9/99)