

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49275

1. Entity Name

MISS SEMINOLE SCHOLARSHIP PAGEANT, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90088 003 ****61.25

0064751

Principal Place of Business 12788 91 AVE N SEMINOLE FL 33776 US	Mailing Address 12788 91 AVE N SEMINOLE FL 33776 US
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2. Principal Place of Business 12788-91 AVENUE No. Suite, Apt. #, etc. NA	3. Mailing Address 12788-91 AVENUE No. Suite, Apt. #, etc. NA
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City & State SEMINOLE, FL	City & State SEMINOLE, FL
Zip 33776	Country USA

4. FEI Number 59-3127534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATON, RICHARD P.
7843 SEMINOLE BLVD
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOOPER, TRACY 13239 86 AVE N SEMINOLE FL 33776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILLAS, HENNY 12788 91 AVE N SEMINOLE FL 33776 <input type="checkbox"/> Delete HLAS ← correct spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLWOOD, CARRIE 13517 82 AVE N SEMINOLE FL 33776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Morris, Mary 493 Harbor Dr. So. Indian Rocks Beach, FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woodruff, Susan 7050 Sunset Dr. So, #1412 So. Pasadena, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Carolyn 9808 Ashley Dr. Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Serata, Judy 8273-131 way, No. Seminole, FL 33776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(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:

Henry Hillas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

(727)
397-1719

Date

Daytime Phone #

CR2E037 (10/00)