

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49275

1. Entity Name

MISS SEMINOLE SCHOLARSHIP PAGEANT, INC.

Principal Place of Business

12788 91 AVE N
SEMINOLE FL 33776
US

Mailing Address

12788 91 AVE N
SEMINOLE FL 33776
US

2. Principal Place of Business

14823 Seminole Trail
Suite, Apt. #, etc.
na

3. Mailing Address

14823 Seminole Trail
Suite, Apt. #, etc.
na

City & State
Seminole, FL

Zip
33776

Country
USA

City & State
Seminole, FL

Zip
33776

Country
USA

4. FEI Number
59-3127534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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	DT	<input type="checkbox"/> Delete
NAME	HOOPER, TRACY	
STREET ADDRESS	13239 86 AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HILAS, HENNY correct to <u>HLAS</u> please	
STREET ADDRESS	12788 91 AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DV	<input checked="" 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CAROLYN	
STREET ADDRESS	9808 Ashley Dr.	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MARY	
STREET ADDRESS	483 Harbor Dr. So.	
CITY-ST-ZIP	Indian Rocks Bch, FL 33785	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERATA, JUDY	
STREET ADDRESS	8273 - 131 Way No.	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, JESSICA	
STREET ADDRESS	11915 - 81 Ave. No.	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, - BARBARA	
STREET ADDRESS	11915 - 81 Ave.No.	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLWOOD, CARRIE	
STREET ADDRESS	9861 - 119 Way No.	
CITY-ST-ZIP	Seminole, FL 33772	

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

Date

Daytime Phone #

4-25-02 517-1879

CR2E037 (9/01)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90040 019 ****61.25



DO NOT WRITE IN THIS SPACE