

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90169 032 ****61.25

DOCUMENT # N49818

1. Entity Name

THE INDIANA UNIVERSITY J. STEPHEN BURRIS MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

**307 SMOKERISE BLVD.
 LONGWOOD FL 32779**

**307 SMOKERISE BLVD.
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3182985

Applied For

Not Applicable

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

**DENNIS, DAVID L
 307 SMOKERISE BLVD
 LONGWOOD FL 32779**

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	D	<input type="checkbox"/> Delete
NAME	GRIEGER, GARY AND MARTH	
STREET ADDRESS	3287 HICKORY LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANWARING, JOHN	
STREET ADDRESS	784 WOODSIDE ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEGELBORE, CHARLES	
STREET ADDRESS	126 WISTERIA DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DENNIS, DAVID	
STREET ADDRESS	307 SMOKERISE BLVD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHRONTZ, KAREN	
STREET ADDRESS	718 RIDGEWOOD WAY	
CITY-ST-ZIP	WINTER SPRINGS FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

KEVIN L. REDAUBER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-02 407-563-2222

CR2E037 (9/01)