

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000638

1. Entity Name

WILLIE E. AND GLORIA R. GARY CHALLENGER SCHOLARS

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90280 049 \*\*\*\*61.25

Principal Place of Business	Mailing Address
221 E. OSCEOLA STREET SUITE 300 STUART FL 34994 US	221 E. OSCEOLA STREET SUITE 300 STUART FL 34994-2210 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0384670	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

GARY, WILLIE E  
221 E. OSCEOLA ST  
STE 300  
STUART FL 34994

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 \_\_\_\_\_ (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	D <input type="checkbox"/> Delete
NAME	GARY, WILLIE E
STREET ADDRESS	221 EAST OSCEOLA STREET SUITE 300
CITY-ST-ZIP	STUART FL 34994
TITLE	D <input type="checkbox"/> Delete
NAME	GARY, GLORIA R
STREET ADDRESS	221 EAST OSCEOLA STREET SUITE 200
CITY-ST-ZIP	STUART FL 34994
TITLE	D <input type="checkbox"/> Delete
NAME	GARY, KENNETH
STREET ADDRESS	36 RIO VISTA DR
CITY-ST-ZIP	STUART FL
TITLE	D <input type="checkbox"/> Delete
NAME	GARY, SEKOU
STREET ADDRESS	36 RIO VISTA DR
CITY-ST-ZIP	STUART FL
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

i2. 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: SIGNATURE REQUIRED 4/28/00 (561) 283-8260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)