

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90105 005 \*\*\*\*61.25

**DOCUMENT # N93000004214**

1. Entity Name

**THE K.D. EDWARDS MEMORIAL SCHOLARSHIP FUND, INC.**

Principal Place of Business

Mailing Address

17000 N.W. 67TH AVE  
SUITE 25  
HIALEAH FL 33015  
US17000 NW 67TH AVE #125  
HIALEAH FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0461990

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

EDWARDS, PATRICIA E  
17000 NW 67TH AVE #125  
HIALEAH FL 33015

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
EDWARDS, PATRICIA E  
17000 NW 67TH AVE #125  
HIALEAH FL 33015 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HEWETT, AUDLEY  
9300 DADELAND BLVD., STE 210  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIMMONDS, FRANCENE  
6500 CYPRESS RD. #1023  
PLANTATION FL 33317 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9440 TANGERINE PL #106  
FT LAUDERDALE FL 33324 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
PRYOR, MARY ELLEN  
12978 SW 112TH ST #156  
MIAMI FL 33186 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
17000 NW 67 Ave #125  
Miami FL 33015 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CHARLES, SONIA E  
19422 NW 54TH PL  
MIAMI FL 33055 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORRISON, LINCOLN  
11550 SOUTH CAUYSIDE  
COOPER CITY FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)