# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2000 8:00 am**
**Secretary of State**
04-25-2000 90147 021 ****61.25

DOCUMENT # N94000001388

1. Entity Name

KRISIA AND STEVE RHODEN MEMORIAL SCHOLARSHIP FOU

| Principal Place of Business | Mailing Address |
|---|---|
| 14422 SW 147TH CT.<br>MIAMI FL 33196<br>US | 14422 SW 147TH CT.<br>MIAMI FL 33196-2384<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 14422 SW 147 Ct. | 14422 SW 147 Ct. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33196 Country: USA | Zip: 33196 Country: USA |

4. FEI Number: 65-0524608 ☐ 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 |
|---|---|
| RHODEN, JOSEPH<br>11206 NW 36 AVE<br>MIAMI FL 33167 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>RHODEN, JOSEPH A<br>14422 SW 147TH CT.<br>MIAMI FL 33196 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RHODEN, MICHELLE H<br>14422 SW 147TH CT.<br>MIAMI FL 33196 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>HAMILTON, JERRY<br>901 NE 209TH TERRACE, #101<br>MIAMI FL 33179 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, DARYL L SENATOR<br>15820 SW 98 CT<br>MIAMI FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAROE, MICHELLE DR.<br>9327 MOSS TR<br>DALLAS TX 75231 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

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 RECEIVED JOSEPH RHODEN April 18, 2000 305-251-7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #