

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004526

1. Entity Name

THE MICHAEL J. REID MEMORIAL SCHOLARSHIP FUND, I

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90068 008 ****61.25

Principal Place of Business

Mailing Address

222 S WESTMONTE DR
 101
 ALTAMONTE SPRINGS FL 32714
 US

P O BOX 150127
 ALTAMONTE SPRINGS FL 32715-0127
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3281409

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FISCHER, RANDY
 1 N.E. 1ST AVENUE
 Ocala FL 34478-4140

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 DP ☐ Delete
 NAME AYERS, CHARLES
 STREET ADDRESS 1500 N DALE MABRY E6
 CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME REID, MICHELLE
 STREET ADDRESS 157 SHADOW LANE
 CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MCINTOSH, CAROLYN
 STREET ADDRESS 631 US HWY 1 #400
 CITY-ST-ZIP NORTH PALM BEACH FL 33402

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DST ☐ Delete
 NAME FISCHER, RANDY
 STREET ADDRESS 1 NE FIRST AVE
 CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME KAUTTER, WILLIAM
 STREET ADDRESS 222 S WESTMONTE DR, STE 101
 CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME HOPPEN, DAVID
 STREET ADDRESS 3504 LAKE LYNDY DR, STE 400
 CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ 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:

Randy Fischer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 352-622-8160

CR2E037 (9/99)