

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000004526****1. Entity Name**

THE MICHAEL J. REID MEMORIAL SCHOLARSHIP FUND, INC.

**Principal Place of Business**222 S WESTMONTE DR  
101  
ALTAMONTE SPRINGS  
32714 US**Mailing Address**P O BOX 150127  
ALTAMONTE SPRINGS  
32715 US**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****59-3281409**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FISCHER RANDY  
1 N.E. 1ST AVENUEOCALA FL  
344784140 US**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

**05/01/2001**

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	HOPPEN DAVID	
STREET ADDRESS	3504 LAKE LYNDA DR, STE 400	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KAUTTER WILLIAM	
STREET ADDRESS	222 S WESTMONTE DR, STE 101	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FISCHER RANDY	
STREET ADDRESS	1 NE FIRST AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTOSH CAROLYN	
STREET ADDRESS	631 US HWY 1 #400	
CITY-ST-ZIP	NORTH PALM BEACH FL 33402	
TITLE	D	<input type="checkbox"/> Delete
NAME	REID MICHELLE	
STREET ADDRESS	157 SHADOW LANE	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AYERS CHARLES	
STREET ADDRESS	1500 N DALE MABRY E6	
CITY-ST-ZIP	TAMPA FL	

**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	
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)(f), 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

DST

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)