

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004526

1. Entity Name

THE MICHAEL J. REID MEMORIAL SCHOLARSHIP FUND, I  
NC.

Principal Place of Business

222 S WESTMONTE DR  
101  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

P O BOX 150127  
ALTAMONTE SPRINGS FL 32715  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3281409

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

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

Name

Ayers, Charles

Street Address (P.O. Box Number is Not Acceptable)

4211 W Boy Scout Blvd

City

Tampa

FL

Zip Code

33607

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 Charles A. Ayers

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 P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4211 W Boy Scout Blvd  
CITY-ST-ZIP Tampa FL 33607

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:

Charles A. Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 813 871 4606

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)