

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91897 038 *****61.25

0071472

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

4211 W Boy Scout Blvd

3. Mailing Address

4211 W Boy Scout Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **59-3281409**

Applied For

Not Applicable

Zip
33607

Country
USA

Zip
33607

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AYERS, CHARLES
4211 W BOY SCOUT BLVD
TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles A. Ayers

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

April 30 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)