

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000004725**

1. Entity Name  
**BETWEEN-THE-CRACKS SCHOLARSHIPS, INC**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90191 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

**12394 ALTERNATE AIA**

Suite, Apt. #, etc.

**# 0-5**

3. Mailing Address

**4521 PGA BLVD.**

Suite, Apt. #, etc.

**PMB 135**

DO NOT WRITE IN THIS SPACE

00073882

City & State

**PALM BEACH GDNS, FL**

City & State

**PALM BEACH GDNS, FL**

4. FEI Number

**65-0523157 9/21/94**

Applied For

Not Applicable

Zip

**33410**

Country

**USA**

Zip

**33418**

Country

**USA**

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

**KEAY, CARMEN P.**

**12394 ALTERNATE AIA # 0-5**

**PALM BEACH GARDENS, FL 33410**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-15-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) **N.P.** ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KEAY, CARMEN P.</b>	
STREET ADDRESS	<b>12394 ALTERNATE AIA #0-5</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> Delete
NAME	<b>ADOLPH, JAY W.</b>	
STREET ADDRESS	<b>10690 AVENUE OF P.G.A.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEIL, LESLIE A.</b>	
STREET ADDRESS	<b>1974 5<sup>TH</sup> COURT, S.E.</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32962</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-00**

**561-626-3663**

CR2E034 (9/99)