

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90368 029 ****70.00

DOCUMENT # N95000000566

1. Entity Name

THE MARK TWAIN SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

**3845 S.W. 41ST ST.
 PEMBROKE PARK FL 33023**

**3120 N. A.1.A
 503-S
 FT. PIERCE FL 34949-8865**

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

65-0584407

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

**ROSS, CHARLES A
 3845 S.W. 41ST ST.
 PEMBROKE PARK FL 33023**

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 **PT** Delete
 NAME **TZANETAKOS, CHRISTOS**
 STREET ADDRESS **3120 N A-1-A, 503-S**
 CITY-ST-ZIP **FT. PIERCE FL 34949-8865**

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

TITLE **T** Delete
 NAME **PORTO, REBECA**
 STREET ADDRESS **6041 SW 88 ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **NAN HOWENS** Change Addition
 NAME **4704 Lakewood Drive**
 STREET ADDRESS **Sefner, FL 33584**
 CITY-ST-ZIP

TITLE **VPT** Delete
 NAME **WILLIAMSON, JAMES W M.D.**
 STREET ADDRESS **2681 FITZHUGH**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **STEPHEN MILES** Change Addition
 NAME **6308 NW 136 Street**
 STREET ADDRESS **Gainesville, FL 32606**
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **SCHISLER, CHARLES**
 STREET ADDRESS **374 GOLFVIEW ROAD, #306**
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **YACIW, BRENT**
 STREET ADDRESS **6407 GENTLE BEN CIRCLE**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Christos Tzanetakos* **Christos Tzanetakos** 01/10/02 (561) 489-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)