

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001507

1. Entity Name

TERRY STEWART MEMORIAL SCHOLARSHIP FUND, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90005 012 ****61.25

Principal Place of Business

Mailing Address

100 LAKESHORE BLVD.
 KISSIMMEE FL 34741

100 LAKESHORE BLVD.
 KISSIMMEE FL 34741-5687

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

59-3499983

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

FISHER, RANDY
 100 LAKESHORE BLVD.
 KISSIMMEE FL 34741

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 PD
 NAME FISHER, RANDY
 STREET ADDRESS 100 LAKESHORE BLVD.
 CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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

TITLE SD
 NAME STEWART, FRANCIS
 STREET ADDRESS 315 DESOTO CIRCLE
 CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

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

TITLE D
 NAME CALDWELL, CHRIS
 STREET ADDRESS 100 LAKESHORE BLVD.
 CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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

TITLE D
 NAME THOMAS, WILLIAM H
 STREET ADDRESS 100 LAKESHORE BLVD
 CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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

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 empowers.

SIGNATURE:

Randy Fisher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

407-847-2388

Daytime Phone #