

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005215

1. Entity Name

Sue Davenport Memorial
Scholarship, Inc.

Principal Place of Business

2224 5th Court SE.
Vero Beach, Fl. 32962

Mailing Address

same

FILED

00 MAR 22 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

65-0656118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ann B. Wood
2224 5th Court S.E.
Vero Beach, Fl. 32962

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 P.D.T. ☐ Delete
NAME Ann Wood
STREET ADDRESS 2224 5th Court SE
CITY-ST-ZIP Vero Beach, Fl. 32962

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

TITLE V.P.D. ☐ Delete
NAME Lynne Dunton
STREET ADDRESS 922 Sw 35th Ave
CITY-ST-ZIP Boynton Beach, Fl. 33435

TITLE ☐ Change ☐ Addition
NAME 800003203978--8
STREET ADDRESS -04/11/00--01100--019
CITY-ST-ZIP *****61.25 *****61.25

TITLE ~~Lea Marsh~~ SD ☐ Delete
NAME Lea Marsh
STREET ADDRESS 388 Rouse Rd.
CITY-ST-ZIP Ft. Pierce, Fl. 34946

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

TITLE ~~Sue Reed~~ D ☐ Delete
NAME Sue Reed
STREET ADDRESS 769 Tulip Blvd.
CITY-ST-ZIP Port St. Lucie, Fl. 34953

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 empowered.

SIGNATURE:

Ann Wood, President Ann Wood 2/26/00 (561) 562-8972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)