

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
 03-03-2002 90109 009 \*\*\*\*61.25

**DOCUMENT # N95000005215**

1. Entity Name

**SUE DAVENPORT MEMORIAL SCHOLARSHIP, INC.**

Principal Place of Business

Mailing Address

**2224 5TH COURT S.E.  
 VERO BEACH FL 32962**

**2224 5TH COURT S.E.  
 VERO BEACH FL 32962**

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

**85-0856118**

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

**WOOD, ANN B  
 2224 5TH CT. 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 **PDT** ☐ Delete  
 NAME **WOOD, ANN**  
 STREET ADDRESS **2224 5TH COURT S.E.**  
 CITY-ST-ZIP **VERO BEACH FL**

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

TITLE **VPD** ☒ Delete  
 NAME **DUNTON, LYNNE**  
 STREET ADDRESS **922 S.W. 35TH AVENUE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **VPD** ☐ Change ☐ Addition  
 NAME **Schock, Jennifer**  
 STREET ADDRESS **885 10th Ave. SW**  
 CITY-ST-ZIP **Vero Beach, FL. 32962**

TITLE **SD** ☒ Delete  
 NAME **MARSH, LEA**  
 STREET ADDRESS **388 ROUSE RD.**  
 CITY-ST-ZIP **FT. PIERCE FL 34946**

TITLE **SD** ☐ Change ☐ Addition  
 NAME **Bustin, Beverly**  
 STREET ADDRESS **115 NE Beach Ave.**  
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE **D** ☒ Delete  
 NAME **REED, SUE**  
 STREET ADDRESS **769 TULIP BLVD.**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **TD** ☐ Change ☐ Addition  
 NAME **Isenhour, Deborah**  
 STREET ADDRESS **165 Cyclone Dr.**  
 CITY-ST-ZIP **Ft. Pierce, FL. 34945**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
 NAME **Vaughn, Beth**  
 STREET ADDRESS **1904 5th Court SE**  
 CITY-ST-ZIP **Vero Beach, FL. 32962**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
 NAME **Spivey, Debra**  
 STREET ADDRESS **320 NE Solida Dr.**  
 CITY-ST-ZIP **Port St. Lucie, FL. 34983**

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)