NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 96000 000 145 1. Entity Name LAKE SEMINGLE SOU ARE SCHOLARSHIP FUMP INC.



FILED Mar 02, 2005 8:00 am Secretary of State

03-02-2005 90091 004 ****61.25

	DO N	OT WRITE	IN THIS S	PACE					
2. Principal F			3. Mailing Address	San		<u> </u>	1	5002194	7
Suite, Apt. #, etc. # 125 C			SAME Suite, Apt. #, etc. SAMG			DO NOT WRITE IN THIS SPACE			
City & Stat		FL.	City & State		•	4. FEI Number	668965	⊢	Applied For Not Applicable
33 T		PINE LLAS	SAML	Country SAn	n L	5. Certificate of	Status Desired	□ \$8.75 / Fee Requ	
147			3	Na Na	ıme 🔿 -		ress of Current Reg		
						GRT E MENTZER			
					Street Address (P.O. Box Number is Not Acceptable) 8333 SEMINOLE BLVD # 125 C				
	11	N THIS SP	ACE		<u> </u>				
				Cit	SEM	INOLE	··· <u>·</u>	FL Zip C	ode J 77 2
8. The above	e named entity tions of regist	submits this statement for	the purpose of changing its	s registered off	ice or register	ed agent, or both, i	n the state of Florida	. I am familiar with	n, and accept
	none or region	orda agont.							
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.)									
	<u>.</u>	Page 1	nd title d applicable. (NO)	TE: Registered Agent	t signature required	when reinstating)		DATE	
	Initial or	IS \$61:25 Amended UBR	9. Election Ca Trust Fund (\$5.00 May Be Added to Fees		^{OATE} Check Payabl Department o	
10.	Initial or	Amended UBR OFFICERS AND DIR	9. Election Ca Trust Fund of	impaign Finand Contribution.	ing _	\$5.00 May Be		Check Payab	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PRISC 8333	Amended UBR	9. Election Ca Trust Fund of ECTORS SHARD VO. # 439 D	ımpaign Financ	RESS	\$5.00 May Be		Check Payab	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

RE Mentres

5333 JEMINOLE BLUD GAIC

SEMINULLY, FL 33772

SEMINOLE - FL. 33772

SEMINOLE FL. 33772

ALMA KNESEL

RITA MODRE 8333 CEMINCLE BLVD # 562 F

ROBERT EMENTZER

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

2/25/05 727.393.1940

32E037B (12/02)

Lake Seminole Square Scholarship Fund, Inc.

8333 Seminole Boulevard Seminole, Florida 33772

Suite 439 D

Office of the President Office of the Treasurer Suite 125 ¿

10 ADNITIONAL DIRECTORS DOC # N96000000 145 FEI US 0668965

ANITA MCCORMICK 8333 SEMINOLE BLUD# 614 C - SEMINOLU, FL 33772

DORIS SMALL 8333 5 CM INOLE BLUD # 232 D