

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90021 019 \*\*\*\*61.25

0060196

**DOCUMENT # N96000001092**

1. Entity Name

**WAYNE "BOOG" BRAUN MEMORIAL SCHOLARSHIP FUND, IN**

Principal Place of Business

~~1601 LEE ST  
 STE. 100  
 FT. MYERS FL 33901  
 US~~

Mailing Address

~~1601 LEE ST  
 STE. 100  
 FT. MYERS FL 33901  
 US~~

A0006332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**53 Victoria Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**53 Victoria Dr**  
 Suite, Apt. #, etc.

City & State

**North Fort Myers, FL**

City & State

**North Fort Myers, FL**

4. FEI Number

**65-6240724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

~~NOTTINGHAM, LEROY  
 1601 LEE STREET, SUITE 100  
 FT. MYERS FL 33901~~

7. Name and Address of New Registered Agent

Name **Nottingham, Leroy**

Street Address (P.O. Box Number is Not Acceptable)

**53 Victoria Dr**

City **North Fort Myers**

**FL**

Zip Code **33917**

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

**Leroy Nottingham Leroy Nottingham**

**1-09-01**

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

TITLE **D** ☐ Delete  
 NAME **ACKERT, RICHARD C**  
 STREET ADDRESS **1501 HEITMAN STREET**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☐ Delete  
 NAME **D'ALLESANDRO, JOSEPH P**  
 STREET ADDRESS **LEE COUNTY COURTHOUSE, 1700 MONROE ST.**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☒ Delete  
 NAME **NOTTINGHAM, LEROY**  
 STREET ADDRESS **1601 LEE STREET, SUITE 100**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
 NAME **Nottingham, Leroy**  
 STREET ADDRESS **53 Victoria Dr.**  
 CITY-ST-ZIP **N. Fort Myers, FL 33917**

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

TITLE ☐ Change ☐ Addition  
 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:

**Leroy Nottingham Leroy Nottingham** **1-9-01** **941 995-4772**

Signature, typed or printed name of signing officer or director

Date

Deputy Phone #

CR2E037 (10/00)