2000 UNIFORM BUSINESS BEPORT (UBR)

FILED DOCUMENT # N9600001209 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** NFFFA - DOUG MILNE SCHOLARSHIP FUND, INC. 03-04-2000 90120 032 ****61.25 Principal Place of Business Mailing Address P.O. BOX 43667 6621 SOUTHPOINT DR. N. JACKSONVILLE FL 32203-3667 SUITE 315 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3314262 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRONDZIK, WILLIAM D 6621 SOUTHPOINT DR. N. SUITE 315 Zip Code City FL JACKSONVILLE FL 32216 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change Addition TITLE TITLE NAME GRONDZIK, WILLIAM D NAME STREET ADDRESS STREET ADDRESS 6621 SOUTHPOINT DR. N., #315 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NELSON, ROY B NAME NAME STREET ADDRESS STREET ADDRESS 3728 PHILIPS HWY #45 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE-FL-32207-6840 ☐ Delete ☐ Change Addition TITLE TITLE PEACOCK, RONALD J NAME NAME STREET ADDRESS STREET ADDRESS 521 W. HILLSBOROUGH AVE. CITY-ST-ZIP CITY-ST-ZIP FLORAHOME FL 32140 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

SIGNATURE: X RONALD FLORE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR X 5-26-200 X 904-659-137

changed, or on an attachment with an address

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