

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90159 004 ****70.00

DOCUMENT # N96000001209

1. Entity Name

NFFFA - DOUG MILNE SCHOLARSHIP FUND, INC.

Principal Place of Business

**521 W HILLSBOROUGH AVE
 FLORAHOME FL 32140**

Mailing Address

**521 W HILLSBOROUGH AVE
 FLORAHOME FL 32140**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3314262

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRONZIK, WILLIAM D
 6630 SOUTH POINTE PARKWAY
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name **RONALD J. PEACOCK**

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

521 W. HILLSBOROUGH AVE

City **FLORAHOME**

FL

Zip Code **32140**

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

RONALD J. PEACOCK, SEC/TREAS

Ronald J. Peacock

2-2-02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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 **GRONZIK, WILLIAM D**
 STREET ADDRESS **6630 SOUTH POINTE PARKWAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☐ Delete
 NAME **GIBSON, PAULA**
 STREET ADDRESS **13925 SPOONBILL STREET NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
 NAME **PEACOCK, RONALD J**
 STREET ADDRESS **521 W. HILLSBOROUGH AVE.**
 CITY-ST-ZIP **FLORAHOME FL 32140**

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 **12116 DIVIDING OAKS TRAIL W**
 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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

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

TITLE ☐ Change ☐ Addition
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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: **RONALD J. PEACOCK, SEC/TREAS**

Ronald J. Peacock

2-2-02 386-659437-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 9/01