

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90141 038 \*\*\*\*61.25

**DOCUMENT # N96000001769**

1. Entity Name

**MY BROTHER'S/SISTER'S KEEPER SCHOLARSHIP FOUNDAT**

Principal Place of Business

155 GALIANO STREET  
 ROYAL PALM BEACH FL 33411

Mailing Address

155 GALIANO STREET  
 ROYAL PALM BEACH FL 33411

2. Principal Place of Business

675 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

675 Royal Palm Beach Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

4. FEI Number

65-0672664

Applied For

Not Applicable

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ROBERT D ESQ  
 FUCHS AND JONES, P.A.  
 590 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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**  
**After September 12, 2001, min. will be \$236.25**

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  Delete  
 NAME **PT**  
**SANTAMARIA, JESS R**  
 STREET ADDRESS **155 GALIANO STREET**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE  Delete  
 NAME **ST**  
**SANTAMARIA, VICTORIA**  
 STREET ADDRESS **155 GALIANO STREET**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE  Delete  
 NAME **T**  
**TEMPLETON, STEVE**  
 STREET ADDRESS **540 ROYAL PALM BEACH BLVD.**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE  Delete  
 NAME **T**  
**JONES, ROBERT D**  
 STREET ADDRESS **540 ROYAL PALM BEACH BLVD.**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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: 9/6/01 (561) 793-2351

CR2E037 (5/01)