

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001077

1. Entity Name

ROBERT L. TEANY MEMORIAL SCHOLARSHIP FOUNDATION

Principal Place of Business

2335 NE 54TH TRAIL
OKEECHOBEE FL 34972

Mailing Address

2335 NE 54TH TRAIL
OKEECHOBEE FL 34972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, DALE A
2335 NE 54TH TRAIL
OKEECHOBEE FL 34972

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

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	PD	<input type="checkbox"/> Delete
NAME	BARRETT, DALE A	
STREET ADDRESS	2335 NE 54TH TRAIL	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, MARGARET	
STREET ADDRESS	3395 SW 18TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TEANY, SUE ANN	
STREET ADDRESS	2164 SW GNAT CIRCLE N	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND MARGARET	
STREET ADDRESS	7675 S.W. 9TH STREET	
CITY-ST-ZIP	OKEECHOBEE, FL. 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Dale A. Barrett* DALE A. BARRETT 1-801 863-462-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 232

0083456

CP2E037 (10/00)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90002 033 ****61.25



DO NOT WRITE IN THIS SPACE