

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001911

1. Entity Name

THE MELVIN THARPE SCHOLARSHIP FUND, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90012 032 ****61.25

Principal Place of Business 701 SE 6TH ST FT LAUDERDALE FL 33301 US	Mailing Address 701 SE 6TH ST FT LAUDERDALE FL 33301 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0811410	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Lorraine Brennan O'Neil Esq. BRENNAN, J L ESQ. 201 Biscayne Blvd #2400 7700 NO KENDALL DRIVE STE 705 MIAMI FL 33138	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 (NOTE: Registered Agent signature required when reinstating) DATE 9.10.00

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																				
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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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)