

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002669

1. Entity Name

THOMAS L. ALTMAN SCHOLARSHIP FUND FOR THE BENEFIT

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 001 ****61.25

Principal Place of Business	Mailing Address
GLADES DAY SCHOOL INC 400 GATOR BLVD BELLE GLADE FL 33430 US	GLADES DAY SCHOOL INC 400 GATOR BLVD BELLE GLADE FL 33430-2068 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3477985	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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JAMES P. COVEY, P.A. 1111 S FEDERAL HWY SUITE 330 STUART FL 34994	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	DATE
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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP CD HERRING, JAMES M JR 808 NE 2ND STREET BELLE GLADE FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VCD PEREZ, MANDY 400 NE AVENUE L BELLE GLADE FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD MARTHA LYNN THOMAS WEEKS POST OFFICE BOX 157 LAKE HARBOR FL 33459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE: Armando Perez Jr 2/17/00 561-996-6769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)