2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700002669 1. Entity Name THOMAS L. ALTMAN SCHOLARSHIP FUND FOR THE BENEFI Principal Place of Business Malling Address

FILED May 01, 2001 8:00 am \$\frac{\xi}{8}\$ Secretary of State 05-01-2001 90098 041 ****61.25

Suite. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. City & State City & State Desired \$8.75 Additional Fee Replaced \$8.75 Additional Fe	GLADES DAY SCHOOL INC 400 GATOR BLVD BELLE GLADE FL 33430 US		GLADES DAY SCHOOL INC 400 GATOR BLVD BELLE GLADE FL 33430 US							
City & State	2. Principal Pl	ace of Business	3. Mailing Address							
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Country	City & State)	City & State			4. FEI Numbei	KQ-Q/1/7Q9K			
Name and Address of Current Registered Agent	Zip	Country Zip		Соц	intry	5. Certificate of Status Desired		\$8.75 Additional		
AMES P. COVEY, P.A. 1111 S FEDERAL HWY SUITE 330 STUART FL 34994 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE September, typed of patient wave of registered agent are till a spiciabilis. (NOTE Registerer Agent agentus required wave investing) TILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE HAMBE STREET ADDRESS CITY-ST-2P BELLE GLADE FL 33430 TILE STREET ADDRESS STREET A		6. Name and Address of Current R				7. Name and	Address of New Register	<u> </u>		
### STEET ADDRESS OF PEREZ, MANDY **PEREZ, MANDY **POST OFFICE BOX 157 **POST OFFIC					Name					
1111 S FEDERAL HWY STUART FL 34994	JAMES P. COVEY, P.A.				Street Address (P.O. Box Number is Not Acceptable)					
STUART FL 34994 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	1111 S FE	EDERAL HWY	-							
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature, typed or primed name of registered agent and title if applicable. PACTE. Registered Agent sequeture required when reintesting) DATE					City			Zip Cod	e	
SIGNATURE Signature Signa	l final									
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP STD MARTHA LYNN THOMAS WEEKS POST OFFICE BOX 157 LAKE HARBOR FL 33459 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Artifleticable) FILE NOW: 9. Election Campaign Financing					5.00 May Be	Make Che	ck Payable to)	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD MARTHA LYNN THOMAS WEEKS POST OFFICE BOX 157 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.		ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS ANI	D DIRECTORS IN	l 10	
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MARTHA LYNN THOMAS WEEKS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	PEREZ, MANDY 400 NE AVENUE L	☐ Delete	NAM STR	EET ADDRESS			☐ Change		
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NAME NAME	NAME STREET ADDRESS		☐ Delete	NAM STR	ME EET ADDRESS			☐ Change	☐ Addition	
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	NAME STREET ADDRESS CITY-ST-ZIP	codify that the information cumuliard with		NAM STR CIT	ME EET ADDRESS Y-ST-ZIP	in Continu 110 07/01/) Clarida Carter Maria			

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:

541-996-6769