2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9700003811 May 10, 2000 8:00 am Secretary of State 1. Entity Name LOXAHATCHEE CLUB SCHOLARSHIP FOUNDATION, INC. 05-10-2000 90138 012 ****61.25 Principal Place of Business Mailing Address 1350 ECHO DR 1350 ECHO DR JUPITER FL 33458-7728 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FFI Number 31-1579089 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HICKEY, JOSEPH M 1350 ECHO DR Jupiter Fl 33458 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition □ Change ☐ Delete TITLE TITLE HICKEY, JOSEPH M NAME STREET ADDRESS STREET ADDRESS 11260 OLD HARBOUR RD CITY-ST-ZIP CITY-ST-ZIF **NORTH PALM BEACH FL 33408** ☐ Addition Change Delete TITLE TITLE PATTON, PHILLIPS E NAME NAME STREET ADDRESS STREET ADDRESS 192 LOCHA DR CITY-ST-ZIP DITY-ST-719 JUPTIER FL 33458 ☐ Change Addition **⊠** Delete TITLE TITLE NAME NORDMAN, MARK NAME STREET ADDRESS STREET ADDRESS 1350 ECHO DR CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 Change ☐ Addition Delete TITLE TITLE SMITH, MARGARET NAME STREET ADDRESS STREET ADDRESS 202 MICMAC LANE CITY-ST-7IP CITY-ST-ZIP Jupiter FL 33458 ☐ Change ☐ Addition TITLE ☐ Delete TITLE KUEBLER, KURT D NAME NAME STREET ADDRESS 1350 ECHO DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF

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