

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90092 017 ****61.25

DOCUMENT # N97000005531

1. Entity Name

SCOTT MICHAEL RUDD FOUNDATION, INC.

Principal Place of Business

Mailing Address

**8177 NW 1ST STREET
 CORAL SPRINGS FL 33071**

**8177 NW 1ST STREET
 CORAL SPRINGS FL 33071**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUDD, MARK J
 8177 NW 1ST STREET
 CORAL SPRINGS FL 33071**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD RUDD, MARK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8177 N.W. 1ST STREET CORAL SPRINGS FL 33071	
TITLE NAME	SD RUDD, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8177 N.W. 1ST STREET CORAL SPRINGS FL 33071	
TITLE NAME	VD RUDD, FRANCINE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8177 N.W. 1ST STREET CORAL SPRINGS FL 33071	
TITLE NAME	VD RUDD, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8177 NW 1ST STREET CORAL SPRINGS FL 33071	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____

Signature of Mark J. Rudd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 954-755-0164
 Date Daytime Phone #

CR2E037 (9/01)