

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90007 027 ****70.00

DOCUMENT # N98000000464

1. Entity Name

THEODORE R. AND VIVIAN M. JOHNSON SCHOLARSHIP FO

Principal Place of Business

Mailing Address

C/O RICHARD A. KRAUSE
 ONE HARVARD CIRCLE
 WEST PALM BEACH FL 33409

C/O RICHARD A. KRAUSE
 ONE HARVARD CIRCLE
 WEST PALM BEACH FL 33409-1923

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

31-1613890

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

**KRAUSE, RICHARD A
 ONE HARVARD CIRCLE
 WEST PALM BEACH FL 33409**

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 | DP | <input type="checkbox"/> Delete |
| NAME | JOHNSON, THEODORE R JR | |
| STREET ADDRESS | 5300 S MUTINY BAY ROAD | |
| CITY-ST-ZIP | FREELAND WA 98249-0670 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ANCKER-JOHNSON, BETSY | |
| STREET ADDRESS | 3502 MT. BONNELL RD | |
| CITY-ST-ZIP | AUSTIN TX 78731 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | WARREN, DONALD E | |
| STREET ADDRESS | 223 FLAGLER LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | KRAUSE, RICHARD A | |
| STREET ADDRESS | 1679 BREAKERS WEST BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33411 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, HAROLD H | |
| STREET ADDRESS | 3502 MT. BONNELL RD | |
| CITY-ST-ZIP | AUSTIN TX 78731 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, HILARY A | |
| STREET ADDRESS | 2240 OCEAN STREET | |
| CITY-ST-ZIP | SANTA CRUZ CA 95060 | |

| | | |
|----------------|-------------------------------------|--|
| TITLE | D/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | R. MALCOLM MACLEOD | |
| STREET ADDRESS | 10 CHURCH STREET | |
| CITY-ST-ZIP | TRURO, NOVA SCOTIA B2N 5B9 CANADA | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUGH BROWN | |
| STREET ADDRESS | 2084 OBECK CRESCENT | |
| CITY-ST-ZIP | MISSISSAUGA, ONTARIO L5H 3L7 CANADA | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: Richard A Krause **REQUIRED** RICHARD A. KRAUSE 3/17/00 561-515-6644

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

CR2E037 (9/99)