

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-22-2000 90060 036 ****61.25

DOCUMENT # N99000004910

1. Entity Name

YACHT & COUNTRY CLUB SCHOLARSHIP FUND, INC.

(R)

Principal Place of Business

Mailing Address

3883 SO. EAST FAIRWAY EAST
 STUART FL 34997

3883 SO. EAST FAIRWAY EAST
 STUART FL 34997-6119

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

59-1426270

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

GLASRUDE, THEODORE
 3883 SO. EAST FAIRWAY EAST
 STUART FL 34997

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					PD	Walter Palmer	4033 SE Fairway East	Stuart, FL 34997		<input checked="" type="checkbox"/>
					VD	Verne A. Trinkins	2951 SE Fairway W.	Stuart, FL 34997		<input checked="" type="checkbox"/>
					TD	Keith Rowe	3654 SE Fairway East	Stuart, FL 34997		<input checked="" type="checkbox"/>
					SD	Dorothy Dunczius	3062 SE Fairway W.	Stuart, FL 34997		<input checked="" type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #