

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90081 020 \*\*\*\*61.25

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**DOCUMENT # N99000004973**

1. Entity Name

**ROTARY CLUB OF SPRING HILL SCHOLARSHIP FUND, INC**



Principal Place of Business

**2518 EVENGLOW AVENUE  
SPRING HILL FL 34609  
US**

Mailing Address

**2518 EVENGLOW AVENUE  
SPRING HILL FL 34609  
US**

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 **59-3740629**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, JAMES D  
2518 EVENGLOW AVENUE  
SPRING HILL FL 34609**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **SCHELLING, DOUGLAS**  
STREET ADDRESS **2 GRANDIFLORAS COURT**  
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CONRAD, PAUL**  
STREET ADDRESS **5299 SUWANNEE RD**  
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **OKULA, CAROL**  
STREET ADDRESS **4309 BLUEWATER AVE.**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WENDT, BRENDA**  
STREET ADDRESS **10052 HAYES STREET**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **PARENT, LEON JR**  
STREET ADDRESS **6391 EVARO AVE.**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STEWART, JAMES D**  
STREET ADDRESS **2518 EVENGLOW AVENUE**  
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**STEWART**

**8/15/03**

**352.688.7299**

CR2E037 (4/03)