2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 02, 2001 8:00 am **DOCUMENT # P40769** Secretary of State 1. Entity Name THE MEFTAH SCHOLARSHIP FOUNDATION, INC. 03-02-2001 90012 036 ****61.25 Principal Place of Business Mailing Address 340 FIFTH AVE. S. 340 FIFTH AVE. S. AZZATIG SUITE 200 SUITE 200 NAPLES FL 34102 NAPLES FL 34102 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LANZINGER, BARBARA 340 FIFTH AVE. S. SUITE 200 Zip Code NAPLES FL 34102 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Addition TITLE ☐ Delete TITLE ☐ Change MEFTAH, MICHAEL, M.D. MERRELLI, JOSEPH J. NAME NAME STREET ADDRESS 3540 GIN LANE STREET ADDRESS 3242 W. HENDERSON RD., SUITE B CITY-ST-ZIP NAPLES FL CITY-ST-ZIP COLUMBUS, OH 43220 vpn TITLE ☐ Change Addition TITLE ☐ Delete MEFTAH, PATRICIA M. NAME CULLMAN, ART NAME 3540 GIN LANE STREET ADDRESS STREET ADORESS 65 E. STATE STREET CITY-ST-ZIP NAPLES FL. CITY-ST-ZIP COLUMBUS OH 43215 Change ☐ Addition TITLE TITLE Delete PEZESHKAN, F. FRED NAME NAME 2606 HORSESHOE DRIVE, SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL D ☐ Change Addition TITLE Delete TIT! F LANDI, JAMES NAME NAME 3251 PINE RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete TITLE ☐ Change ☐ Addition LANZINGER, BARBARA A. NAME NAME STREET ADDRESS 340 FIFTH AVE. S. #200 STREET ADDRESS CITY-ST-ZIP NAPLES FL 33940 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 port 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 emp wered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

D

VOLPE, MICHAEL J.

Naples, FL 34102

1400 Gulfshore Blvd., N., #218

2/15/01

Date

941-434-6338

Daytime Phone #

☐ Addition