

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90011 025 \*\*\*150.00

DOCUMENT # P93000029036

1. Entity Name

JUDGE DON T. ADAMS MEMORIAL SCHOLARSHIP FUND, IN

Principal Place of Business

Mailing Address

1616 E MAIN STREET  
PAHOKEE FL 33476

1616 E MAIN STREET  
PAHOKEE FL 33476

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 65-0414213

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, DONIA A  
1616 E MAIN ST  
PAHOKEE FL 33476

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, FRANCES E	
STREET ADDRESS	1616 E MAIN ST	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, DONIA A	
STREET ADDRESS	1616 EAST MAIN STREET	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donia A. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donia A Roberts

4/26/01

Date

561 993 0990

Daytime Phone #

CR2E034 (10/00)