

2002 UNIFORM BUSINESS REPORT (UBR)

0033349

DOCUMENT # N96000001769

FILED

02 FEB 13 PM 3:53

1. Entity Name

MY BROTHER'S/SISTER'S KEEPER SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

675 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address

675 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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

65-0672664

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

02

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ROBERT D ESQ
BUCHS AND JONES, P.A.
540 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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: PT
NAME: SANTAMARIA, JESS R
STREET ADDRESS: 155 GALIANO STREET
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 Delete

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

TITLE: ST
NAME: SANTAMARIA, VICTORIA
STREET ADDRESS: 155 GALIANO STREET
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 Delete

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

TITLE: T
NAME: TEMPLETON, STEVE
STREET ADDRESS: 540 ROYAL PALM BEACH BLVD.
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 Delete

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

TITLE: T
NAME: JONES, ROBERT D
STREET ADDRESS: 540 ROYAL PALM BEACH BLVD.
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 Delete

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

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:

[Handwritten Signature]

1/21/02

(561) 793-2351

CR2E037 (9/01)