

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-21-2002 91138 024 ****61.25

DOCUMENT # 700005

1. Entity Name

PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

29075 RIVERVIEW LANE
 PUNTA GORDA FL 33982-8535

29075 RIVERVIEW LANE
 PUNTA GORDA FL 33982-8535

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

NOT APPLICABLE

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

COY, EUGENE
285 EVERGREEN STREET
PUNTA GORDA FL 33982

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 Delete
 NAME **V JENKINS, RANDALL**
 STREET ADDRESS **29263 PEACE RIVER SHORES BLVD**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE Change Addition
 NAME **V HAPPY MEREDITH**
 STREET ADDRESS **28498 SILVER PALM DR.**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE Delete
 NAME **P COY, EUGENE**
 STREET ADDRESS **285 EVERGREEN ST**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE Change Addition
 NAME **D CHARLES ARNEY**
 STREET ADDRESS **29197 BOYCE RD**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE Delete
 NAME **T PHILLIPS, JACK**
 STREET ADDRESS **29260 ALFARETTA**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE Change Addition
 NAME **D PATRICIA SLOAN**
 STREET ADDRESS **122 DAHOON Blvd**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE Delete
 NAME **D ALDRICH, BVD**
 STREET ADDRESS **28411 COCO PALM DR.**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE Change Addition
 NAME **D JACK LLBEL**
 STREET ADDRESS **28388 COCO PALM DR.**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE Delete
 NAME **D BROWN, JOSEPH**
 STREET ADDRESS **261 SUMMERSSET DR**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE Change Addition
 NAME **S SANDRA LAVOIE**
 STREET ADDRESS **29263 PEACE RIVER SHORES Blvd**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE Delete
 NAME **D PLATONIS, TOM**
 STREET ADDRESS **29184 PICADOR ST**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

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:

Sandra Lavoie (SANDRA LAVOIE)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

944

Secretary 4-28-02 255-7403