

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90095 002 ****61.25

0084596

DOCUMENT # 701296

1. Entity Name

PROPELLER CLUB INC

Principal Place of Business

**620 S. MERIDIAN STREET
 ROOM 235
 TALLAHASSEE FL 32399-1600**

Mailing Address

**620 S. MERIDIAN STREET
 ROOM 235
 TALLAHASSEE FL 32399-1600**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KIDD, CLIFFORD S
 620 S. MERIDIAN STREET
 ROOM 235
 TALLAHASSEE FL 32399-1600**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLINGSEN, DONALD N. 620 S. MERIDIAN STREET TALLAHASSEE FL 32399-1600	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KIDD, CLIFFORD S 620 S. MERIDIAN STREET TALLAHASSEE FL 32399-1600	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHELPER, L.W. 620 S. MERIDIAN STREET TALLAHASSEE FL 32399-1600	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EARP, CURTIS D. 620 S. MERIDIAN STREET TALLAHASSEE FL 32399-1600	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Clifford S Kidd - CLIFFORD S. KIDD 4/24/01 850/488-5600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)