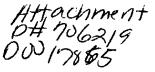
2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED DOCUMENT # **706219** Feb 28, 2000 8:00 am **Secretary of State** SOUTH SEMINOLE SERTOMA CLUB INC. 02-28-2000 90184 036 ****61.25 Principal Place of Business Mailing Address P.O. BOX 743 P.O. BOX 743 WINTER PARK FL 32790-0743 WINTER PARK FL 32790-0743 60011009 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1088658 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ELBERT, EDWARD A 3978 IRMA SHORES DR. ORLANDO FL 32817 Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be 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. HAWKINS, DONALD C Change Addition Delete TITLE TITI F 441 North Lakes Blud APT 2071 NAME BLOOM, JEROLD A STREET ADDRESS STREET ADDRESS 133 SAGEWOOD COURT ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 V WEAVER, JEFFERY A Change Addition Delete TITI F TITLE NAME 8530 MILAND DR APT 2133 HAWKINS, DONALD C NAME STREET ADDRESS STREET ADDRESS 441 NORTH LAKES BLVD., APT. 2071 CITY-ST-ZIP ORLANDO CITY-ST-ZIP <u>ALTAMONTE SPRINGS FL 32701</u> Change ☐ Addition TITLE ☐ Delete TITLE SPAKOWSKI, WILLIAM NAME NAME 120 GLENDALE DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LONGWOOD FL 32750 Change Addition ☐ Delete TITLE ELBERT, EDWARD A. NAME STREET ADDRESS STREET ADDRESS 3978 IRMA SHORES DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL DBLOOM, JEROLO A. 133 SAGEWOOD COURT Delete TITLE Addition ABBOT, ARTHUR R NAME STREET ADDRESS STREET ADDRESS 345 BALOGH PLACE APOPKA, FL CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change Addition TITLE ☐ Delete TITLE NAME KUHN, THOMAS NAME STREET ADDRESS STREET ADDRESS 183 PAUL MCCLURE CT. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 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

(4-07)678-5725





SOUTH SEMINOLE SERTOMA CLUB

P.O. BOX 743 • WINTER PARK, FLORIDA 32790

Block 11 Additional Information

D PRESTERA, GENE

300 MACGREGER R.B. Winter SPRINGS FL 32708