

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706219

1. Entity Name

**SOUTH SEMINOLE SERTOMA CLUB INC.**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90184 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 743  
 WINTER PARK FL 32790-0743

P.O. BOX 743  
 WINTER PARK FL 32790-0743

00011003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1088658**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ELBERT, EDWARD A**  
**3978 IRMA SHORES DR.**  
**ORLANDO FL 32817**

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 **P**  Delete  
 NAME **BLOOM, JEROLD A**  
 STREET ADDRESS **133 SAGEWOOD COURT**  
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **P**  Change  Addition  
 NAME **HAWKINS, DONALD C**  
 STREET ADDRESS **441 North Lakes Blvd APT 2071**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **V**  Delete  
 NAME **HAWKINS, DONALD C**  
 STREET ADDRESS **441 NORTH LAKES BLVD., APT. 2071**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **V**  Change  Addition  
 NAME **WEAVER, JEFFERY**  
 STREET ADDRESS **8530 MILAND DR APT 2133**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **S**  Delete  
 NAME **SPAKOWSKI, WILLIAM**  
 STREET ADDRESS **120 GLENDALE DR.**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **ELBERT, EDWARD A.**  
 STREET ADDRESS **3978 IRMA SHORES DR.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ABBOT, ARTHUR R**  
 STREET ADDRESS **345 BALOGH PLACE**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D**  Change  Addition  
 NAME **BLOOM, JEROLD A.**  
 STREET ADDRESS **133 SAGEWOOD COURT**  
 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D**  Delete  
 NAME **KUHN, THOMAS**  
 STREET ADDRESS **183 PAUL MCCLURE CT.**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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: Edward A. Elbert **Edward A. Elbert** 2-3-2000 (407) 678-5725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)



Attachment  
PH 706219  
00017885

## SOUTH SEMINOLE SERTOMA CLUB

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

Block 11 Additional Information  
D PRESTERA, GENE  
308 MACGREGOR RD.  
WINTER SPRINGS FL 32708