

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90013 026 ****61.25

0025110

DOCUMENT # 706219

1. Entity Name

SOUTH SEMINOLE SERTOMA CLUB INC.

Principal Place of Business

Mailing Address

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

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

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

59-1088658

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

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	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, DONALD C	
STREET ADDRESS	441 NORTH LAKES BLVD APT 2071	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, JEFFERY	
STREET ADDRESS	8530 MILAND DR APT 2133	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPAKOWSKI, WILLIAM	
STREET ADDRESS	120 GLENDALE DR.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELBERT, EDWARD A.	
STREET ADDRESS	3978 IRMA SHORES DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOT, ARTHUR R	
STREET ADDRESS	345 BALOGH PLACE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHN, THOMAS	
STREET ADDRESS	183 PAUL MCCLURE CT.	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	New, LANE E	
STREET ADDRESS	1160 ROGERS CIRCLE	
CITY-ST-ZIP	Oviedo FL 32765	
TITLE	JENNINGS, Ginger A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, Ginger A.	
STREET ADDRESS	201 E. RIDGEWOOD ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward A. Elbert Treasurer

3-20-01

Date

407-678-5725

Daytime Phone #

CR2E037 (10/00)



SOUTH SEMINOLE SERTOMA CLUB

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

Addition

3-20-01

Block 10

101

Con F1 Donald

1036 Pebble Beach Circle ~~SE~~E

Winter Springs FL 32708

Attachment
n06219
936026
