

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0011721

**DOCUMENT # 706219**

1. Entity Name

**SOUTH SEMINOLE SERTOMA CLUB INC.**

04-07-2002 90066 030 \*\*\*\*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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **P NEW, LANE E**  
 STREET ADDRESS **1160 ROGERS CIRCLE**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  Change  Addition  
 NAME **ZITO, ED**  
 STREET ADDRESS **502 SEBASTIAN PRADO**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE  Delete  
 NAME **V JENNESS, GINGER A**  
 STREET ADDRESS **201 E RIDGEWOOD ST**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME **CONTI, DONALD**  
 STREET ADDRESS **1036 PEBBLE BEACH CR E**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE  Change  Addition

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

TITLE  Change  Addition

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

TITLE  Change  Addition  
 NAME **D CHAN, KEYLOR**  
 STREET ADDRESS **533 THAMES CIRCLE DR**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE  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: **Edward A. Elbert** SIGNATURE REQUIRED  
 Date **3-28-02** Daytime Phone # **4076785725**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)



attachement # 706219 / 620971

**SOUTH SEMINOLE SERTOMA CLUB**

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

3-28-02

10 CONTINUED

D TEMPLE, JASON T  
11875 HIGH TECH AVE Suite 200  
ORLANDO, FL 32817

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D NEW, LANE  
1160 ROGERS Circle  
OVIEDO FL 32765

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