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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723844

1. Corporation Name

UNITED ANNIVERSARY MEN'S CLUB, INC.

Principal Place of Business

9047 SIBBALD RD.
 JACKSONVILLE FL 32208

Mailing Address

9047 SIBBALD RD.
 JACKSONVILLE FL 32208



2. Principal Place of Business

21 **2954 Ribault Cir**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **2954 Ribault Cir**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/11/1972

4. FEI Number

59-3019011

Applied For
 Not Applicable

City & State

23 **Jacksonville FL**

City & State

28 **Jacksonville FL**

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip **32208** 25 Country **U.S.**

29 Zip **32208** 30 Country **U.S.**

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, STANLEY L.
10811 JAVA DR
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** DELETE
 NAME **JOHNSON, STANLEY**
 STREET ADDRESS **10811 JAVA DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

1.1 TITLE **VD** Change Addition
 1.2 NAME **Eugene Sawyer**
 1.3 STREET ADDRESS **2916 Lippia Rd**
 1.4 CITY-ST-ZIP **Jacksonville FL 32208**

TITLE **VD** DELETE
 NAME **MARSHALL, MELVIN**
 STREET ADDRESS **5000 SAN JOSE BLVD #85**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **PD** DELETE
 NAME **HOLBACK, RALPH**
 STREET ADDRESS **2954 RIBUALT CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **TD** DELETE
 NAME **COLLINS, PHILLIP**
 STREET ADDRESS **1556 SONOMA COURT**
 CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph Holback
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)