

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 733686

FILED
Apr 16, 2002 8:00 AM
Secretary of State

Entity Name: SOUTH COUNTY FAMILY YMCA, INC.

Current Principal Place of Business:

MODZELEWSKI, KENNETH
701 CENTER ROAD
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

MODZELEWSKI, KENNETH
701 CENTER ROAD
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 59-1629660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MODZELEWSKI, KENNETH S
701 CENTER ROAD
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CVD () Delete
Name: KLINGBEIL, ROBERT
Address: 341 WEST VENICE AVENUE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HARTLEY, MICHAEL,
Address: 101 W. VENICE AVENUE
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: KEARNEY, JOHN
Address: 3253 MEADOW RUN DRIVE
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: BERG, DEBBIE
Address: P.O. BOX 725
City-St-Zip: VENICE, FL 34284

Title: T () Delete
Name: CAMPBELL, ED
Address: 442 WEST GATE DRIVE
City-St-Zip: VENICE, FL 34285

Title: VD () Delete
Name: HANCHEY, JEANNETTE
Address: 400 HANCHEY DRIVE
City-St-Zip: NOKOMIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KLINGBEIL

CVO

04/16/2002

Electronic Signature of Signing Officer or Director

_____ Date