

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90023 005 ****61.25

DOCUMENT # 737087

1. Entity Name

SERTOMA CAMP ENDEAVOR, INC.

Principal Place of Business

**1301 SOUTHERN RD
DUNDEE FL 33838
US**

Mailing Address

**P O BOX 910
DUNDEE FL 33838
US**

917946



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

59-1705990

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

**MAZZUCO, LORETTA R
9750 SUNBEAM DR
NEW PORT RICHEY FL 34654**

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 NAME STREET ADDRESS CITY-ST-ZIP	CD MAZZUCO, LORETTA 9750 SUNBEAM DR NEW PORT RICHEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEGA, JOE 7150 MULLINS RD BROOKSVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURCH, FREDERICK 14220 66TH STREET NORTH, STE C CLEARWATER FL 34624	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERCY, MEL P O BOX 1027 DUNDEE FL 33828	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, THELMA 112 HOLMES PL WINTER HAVEN FL 33884	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHORETTA, MICHAEL 333 SIXTH ST SW WINTER HAVEN FL	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Maria R. Percy P.O. Box 1027 Dundee, FL 33828	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Terry W. Moses 22020 Heatherwood Lane Land O Lakes, FL 34639	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD R. Gary Price P.O. Box 9087 Winter Haven, FL 33883	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/01 863-299-5638

CR2E037 (10/00)