

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90051 031 ****61.25

DOCUMENT # 737087

1. Entity Name

SERTOMA CAMP ENDEAVOR, INC.

Principal Place of Business

Mailing Address

~~1301 SOUTHERN RD~~
DUNDEE FL 33838
US

P O BOX 910
DUNDEE FL 33838
US

2. Principal Place of Business

3. Mailing Address

1301 Camp Endeavor Blvd

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 **D** ☐ Delete
 NAME **MAZZUCO, LORETTA**
 STREET ADDRESS **9750 SUNBEAM DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **COVER, N B**
 STREET ADDRESS **70 Greenfield Court**
 CITY-ST-ZIP **Winter Haven FL 33884**

TITLE **D** ☐ Delete
 NAME **VEGA, JOE**
 STREET ADDRESS **7150 MULLINS RD**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **BURCH, FREDERICK**
 STREET ADDRESS **14220 66TH STREET NORTH, STE C**
 CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **HILL, J T**
 STREET ADDRESS **510 Bay Street**
 CITY-ST-ZIP **Neptune Beach FL 32266**

TITLE **SD** ☐ Delete
 NAME **PERCY, MARIA R**
 STREET ADDRESS **P.O. BOX 1027**
 CITY-ST-ZIP **DUNDEE FL 33828**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Beck, Laurice**
 STREET ADDRESS **5817 Hatchineha Rd**
 CITY-ST-ZIP **Haines City FL 33844**

TITLE **PD** ☐ Delete
 NAME **MOSES, TERRY W**
 STREET ADDRESS **22020 HEATHER WOOD LANE**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **PRICE, R. GARY**
 STREET ADDRESS **P.O. BOX 9087**
 CITY-ST-ZIP **WINTER HAVEN FL 33883**

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (9/01)