9/2/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State
09-02-2002 90142 034 ****61.25

DOCUMENT # N01000000984

1. Entity Name

ORMOND BEACH SENIOR CENTER SHOW CLUB, INC. √

Principal Place of Business	Mailing Address
351 ANDREWS STREET ORMOND BEACH FL 32174-5209	351 ANDREWS STREET ORMOND BEACH FL 32174-5209

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-369-8505 ☐ Applied For ☐ Not Applicable

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
LEWIS, GEORGE G 22 S. BEACH STREET ORMOND BEACH FL 32174	Name: ROLF, TONY Street Address (P.O. Box Number is Not Acceptable): 711 N. HALIFAX City: DAYTONA BEACH, FL FL Zip Code 32118

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 8-27-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VICE-PRESIDENT NAME BETTMAN, RALPH STREET ADDRESS 24 LAKE WINDSOR DR CITY-ST-ZIP ORMOND BEACH, FL 32174		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TREASURER NAME IRVINE, JAN STREET ADDRESS 48 COQUINA POINT DR. CITY-ST-ZIP ORMOND BEACH, FL 32174		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SECRETARY NAME KAPLAN JEAN STREET ADDRESS 74 BRIDGE WATER LANE CITY-ST-ZIP ORMOND BEACH, FL 32174		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ARLENE HALE STREET ADDRESS 1228 DAVID DRIVE CITY-ST-ZIP HOLLY HILL, FL 32117		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME PAT HOLBROOK STREET ADDRESS 969 Deer Springs Dr. CITY-ST-ZIP PORT ORANGE FL 32119		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME LINDA MOSS STREET ADDRESS 135 OCEAN GROVE DR CITY-ST-ZIP ORMOND BEACH, FL 32176		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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 REQUIRED 8-27-02 386-254-8913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #