

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90139 031 ****61.25

DOCUMENT # N01000006306

1. Entity Name
BUSHNELL KWIANIS CLUB, INC.



Principal Place of Business

P.O. BOX 821
BUSHNELL FL 33513-0821

Mailing Address

P.O. BOX 821
BUSHNELL FL 33513-0821

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 **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LUNDELIUS, WALTER D SR.
5 NORTH BEST POINT
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name **MARK P. RACIAPPA**
Street Address (P.O. Box Number is Not Acceptable)
316 N. MAIN ST.
City **BUSHNELL** FL Zip Code **33513**

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]

MARK P. RACIAPPA

SECRETARY

4-30-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, ROBERT	
STREET ADDRESS	PO BOX 1563	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	PED	<input type="checkbox"/> Delete
NAME	PACHECO, JULIE	
STREET ADDRESS	PO BOX 1163	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOSSE, MICHAEL	
STREET ADDRESS	P.O. BOX 1644	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWAIN, RITA	
STREET ADDRESS	P.O. BOX 26	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, JULIAN	
STREET ADDRESS	324 W. DADE AVE.	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAKEMAN, RUTH	
STREET ADDRESS	11380 S. HWY. 301	
CITY-ST-ZIP	WEBSTER FL 33597	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK P. RACIAPPA	
STREET ADDRESS	316 N. MAIN ST.	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT-ELECT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN CONNELL	
STREET ADDRESS	682 CR 778	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

MARK P. RACIAPPA

SECRETARY

4-30-03

352-793-4911

CR2E037 (10/02)