

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90312 022 \*\*\*\*61.25

**DOCUMENT # N11272**  
 1. Entity Name  
**GULF BREEZE SERTOMA CLUB, INC.**

Principal Place of Business <b>101 BERRY AVENUE          GULF BREEZE FL 32561          US</b>	Mailing Address <b>101 BERRY AVENUE          GULF BREEZE FL 32561          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1285 Point East Circle</b> Suite, Apt. #, etc.	3. Mailing Address <b>1285 Point East Circle</b> Suite, Apt. #, etc.
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City & State <b>Gulf Breeze, FL</b>	City & State <b>Gulf Breeze, FL</b>	4. FEI Number <b>59-2587239</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32561</b>	Country <b>USA</b>	Zip <b>32561</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORGAN, JOHN D  
 101 BERRY AVENUE  
 GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent  
 Name **NALL, Cecil G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1285 Point East Circle**  
 City **Gulf Breeze** **FL** Zip Code **32561**

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 **Cecil G. NALL, Treasurer/Director 2/20/01**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDSOME, KEITH 1149 CRANE COVE BLVD GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGAN, JOHN D 101 BERRY AVENUE GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKE, MICHAEL 306 PLANTATION HILL RD GULF BREEZE FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIM PRICE WILLIAMS 510 DRACENA WAY Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NALL, CECIL G. 1285 Point East Circle Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **02/20/01** **850-938-3073**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)