

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90128 016 ****61.25

DOCUMENT # N11272

1. Entity Name

GULF BREEZE SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

1285 POINT EAST CIRCLE
 GULF BREEZE FL 32561
 US

1285 POINT EAST CIRCLE
 GULF BREEZE FL 32561
 US

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

59-2587239

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

NALL, CECIL G
1285 POINT EAST CIRCLE
GULF BREEZE FL 32561

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

2/19/02

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 **PD** Delete
 NAME **WILLIAMS, TIM PRICE**
 STREET ADDRESS **510 DRACENA WAY**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE Change Addition
 NAME **Donald R. Bruce**
 STREET ADDRESS **1108 Mary Fox Ct**
 CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **TD** Delete
 NAME **NALL, CECIL G**
 STREET ADDRESS **1285 POINT EAST CIRCLE**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BURKE, MICHAEL**
 STREET ADDRESS **306 PLANTATION HILL RD**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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(6)(f), 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 prepared 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~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

(850) 934-5753

Daytime Phone #

CR2E037 (9/01)