

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18204

1. Entity Name

SUNLAKE SOCIAL CLUB, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90063 037 ****61.25

Principal Place of Business

Mailing Address

1103 ST. LAWRENCE DRIVE
GRAND ISLAND FL 32735

1103 ST. LAWRENCE DRIVE
GRAND ISLAND FL 32735-9729

2. Principal Place of Business

3. Mailing Address

1103A ST. LAWRENCE DR 1103A ST. LAWRENCE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

GRAND ISLAND FL

GRAND ISLAND, FL

4. FEI Number

59-2745800

Applied For

Not Applicable

Zip

Country

Zip

Country

32735

USA

32735

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CHILDS, GEORGE
1510 LAKE DRIVE
GRAND ISLAND FL 32735

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 VD ☒ Delete
NAME SPOHR, LOIS
STREET ADDRESS 2140 CHESAPEAKE PLACE
CITY-ST-ZIP GRAND ISLAND FL

TITLE ☐ Change ☒ Addition
NAME PD MICKEY McLAIN
STREET ADDRESS 2232 SUSQUEHANNA CIRCLE
CITY-ST-ZIP GRAND ISLAND, FL. 32735

TITLE VD ☒ Delete
NAME WHITNEY, DIXIE
STREET ADDRESS 1565 WARMWOOD DRIVE
CITY-ST-ZIP GRAND ISLAND FL

TITLE ☐ Change ☒ Addition
NAME VD ELLEN BROWN
STREET ADDRESS 1050 LAKE DRIVE
CITY-ST-ZIP GRAND ISLAND, FL. 32735

TITLE PD ☒ Delete
NAME ZICKAFOOSE, CLARENCE
STREET ADDRESS 2660 GRAND TRAVERSE CIR
CITY-ST-ZIP GRAND ISLAND FL

TITLE ☒ Change ☐ Addition
NAME VD BETTY LEBAIR
STREET ADDRESS 2925 GRAND TRAVERSE CIR.
CITY-ST-ZIP GRAND ISLAND, FL. 32735

TITLE SD ☐ Delete
NAME WILSON, MARCIA
STREET ADDRESS 1145 ST LAWRENCE DR
CITY-ST-ZIP GRAND ISLAND FL

TITLE ☐ Change ☐ Addition
NAME SD MARCIA WILSON
STREET ADDRESS 1145 ST. LAWRENCE DRIVE
CITY-ST-ZIP GRAND ISLAND, FL. 32735

TITLE TD ☐ Delete
NAME LEBAIR, BETTY
STREET ADDRESS 2925 GRAND TRAVERSE CIR
CITY-ST-ZIP GRAND ISLAND FL 32735

TITLE ☒ Change ☒ Addition
NAME TD JOYCE GRIFFITH
STREET ADDRESS 2450 GRAND TRAVERSE CIRCLE
CITY-ST-ZIP GRAND ISLAND, FL. 32735

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(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 Mickey McLain 4/18/00 352-669-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E037 (9/99)