

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90386 008 ****61.25

DOCUMENT # N18204

1. Entity Name

SUNLAKE SOCIAL CLUB, INC.



Principal Place of Business

**1103A ST LAWRENCE DRIVE
GRAND ISLAND FL 32735**

Mailing Address

**1103A ST LAWRENCE DRIVE
GRAND ISLAND FL 32735**

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 **59-2745800**

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

**PRATHER, EDIE
2490 GRAND TRAVERSE CIRCLE
GRAND ISLAND FL 32735**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLE, ELAINE	
STREET ADDRESS	1735 SHADY LANE	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SEPPY, JEANNETTE	
STREET ADDRESS	2212 SUSQUEHANNA CIRCLE	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STIGDON, NORMA	
STREET ADDRESS	2745 GRAND TRAVERSE CIRCLE	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARMON, NORMA	
STREET ADDRESS	1370 WARMWOOD DR	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRATHER, EDIE	
STREET ADDRESS	2490 GRAND TRAVERSE CIRCLE	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seppy, Jeannette	
STREET ADDRESS	2212 Susquehanna Circle	
CITY-ST-ZIP	Grand Island, FL 32735	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maggie Head	
STREET ADDRESS	2717 Niagara Way	
CITY-ST-ZIP	Grand Island, FL 32735	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, MARIE	
STREET ADDRESS	1370 WARMWOOD DR	
CITY-ST-ZIP	Grand Island, FL 32735	
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 Required

4/28/03 352-669-3316

CR2E037 (10/02)