

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90214 037 ****61.25

DOCUMENT # N35263

1. Entity Name

CARIBBEAN/AMERICAN SOCIAL CLUB OF LEHIGH ACRES I NC.

Principal Place of Business

**ST. ANSELM CHURCH HALL
 2201 E 6 ST
 LEHIGH ACRES, FL 33972
 US**

Mailing Address

**228 GROUND DOVE CIR
 LEHIGH ACRES FL 33936
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0163140

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOSES, RUTH
 228 GROUND DOVE CIR
 LEHIGH ACRES FL 33936**

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

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 **DP** Delete
 NAME ~~CARNER, ENID E~~
 STREET ADDRESS ~~513 CORINNE DRIVE~~
 CITY-ST-ZIP ~~LEHIGH ACRES FL 33936~~

TITLE **DP** Change Addition
 NAME **OWEN A MILLER**
 STREET ADDRESS **8121 BUCKINGHAM ROAD**
 CITY-ST-ZIP **FT. MYERS, FL 33905**

TITLE **DV** Delete
 NAME **MILLER, OWEN**
 STREET ADDRESS **2246 WOLVERTON COURT**
 CITY-ST-ZIP **ALVA FL 33920**

TITLE **RUTH MOSES** Change Addition
 NAME **RUTH MOSES**
 STREET ADDRESS **228 GROUND DOVE CIR**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **DT** Delete
 NAME ~~ROCHESTER, ALMA~~
 STREET ADDRESS **1427 SCENIC ST**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **DT** Change Addition
 NAME ~~ALMA ROCHESTER~~
 STREET ADDRESS **1427 SCENIC ST.**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **DS** Delete
 NAME ~~SPOONER, DARNLEY M~~
 STREET ADDRESS **5313 LEE ST**
 CITY-ST-ZIP **LEHIGH ACRES FL 33974**

TITLE **DS** Change Addition
 NAME **EDNA FFRENCH**
 STREET ADDRESS **804 PENN ROAD.**
 CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

OWEN A MILLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-2002

Date

239)226-0825

Daytime Phone #

CR2E037 (9/01)