

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000000962**

(R)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90006 012 ****61.25

1. Entity Name

THE WAYNE NEWTON INTERNATIONAL FRIENDS CLUB INC.

Principal Place of Business

Mailing Address

290 AKRON RD.
LAKE WORTH FL 33467

290 AKRON RD.
LAKE WORTH FL 33467

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

65-0644944

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCONNELL, SHARON D
290 AKRON RD.
LAKE WORTH FL 33467

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

Sharon D McConnell

8-5-2000

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
After September 13, 2000 min. will be \$236.25

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 **P** Delete
 NAME **MCCONNELL, SHARON D**
 STREET ADDRESS **290 AKRON RD**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **NEWTON, KATHLEEN**
 STREET ADDRESS **3422 HAPPY LN**
 CITY-ST-ZIP **LAS VEGAS NV**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **SEMOLA, MARGARET NOEL**
 STREET ADDRESS **~~6409 DOMINICA AVE~~**
 CITY-ST-ZIP **GYRESS CA**

TITLE Change Addition
 NAME **Semola, Margaret, Noel**
 STREET ADDRESS **2200 Menifree Ct**
 CITY-ST-ZIP **LAS Vegas, NV 89134**

TITLE **T** Delete
 NAME **GIOIA, FRANCES**
 STREET ADDRESS **8632 EGRET ISLE TR**
 CITY-ST-ZIP **LAKE WORT FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **GIBBON, LOUISE**
 STREET ADDRESS **2308 WINROCK**
 CITY-ST-ZIP **HOUSTON TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FORCH, MICHAEL**
 STREET ADDRESS **3422 HAPPY LN**
 CITY-ST-ZIP **LAS VEGAS NV**

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:

Sharon D McConnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2000

Date

561-439-5955

Daytime Phone #

CR2E037 (5/00)