

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90630 029 ****61.25

DOCUMENT # N98000002328

1. Entity Name

THE NEW JERSEY CLUB OF SPRING HILL, INC.

Principal Place of Business

Mailing Address

~~5233 HAMLET CIR.~~
 SPRING HILL FL 34606

5233 HAMLET CIR.
 SPRING HILL FL 34606

2. Principal Place of Business

11405 SAND HILL AVE

3. Mailing Address

11405 SAND HILL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34608

Country

US

Zip

34608

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

~~KOCSIS, ROBERT S~~
~~5233 HAMLET CIR.~~
~~SPRING HILL FL 34606~~

7. Name and Address of New Registered Agent

Name **DALE H. PORTER**

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

11405 SAND HILL AVE

City **SPRING HILL**

FL

Zip Code

34608

9. 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

Dale H. Porter **PRESIDENT**

3/20/02

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

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | | | |
|----------------|---|------|---------------------------------|--|
| TITLE | P | NAME | KOCSIS, ROBERT S | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | | | 5233 HAMLET CIR | |
| CITY-ST-ZIP | | | SPRING HILL FL 34606 | |
| TITLE | D | NAME | GUSKE, JERRY | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | | | 448 FLORIAN WY | |
| CITY-ST-ZIP | | | SPRING HILL FL 34609 | |
| TITLE | D | NAME | BAUMGARTNIER, ELEANOR | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | | | 9875 CENTURY DR | |
| CITY-ST-ZIP | | | SPRING HILL FL 34608 | |
| TITLE | D | NAME | BARRON, JOE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | | | 10465 VENTURA DR | |
| CITY-ST-ZIP | | | SPRING HILL FL 34608 | |
| TITLE | D | NAME | PERANIO, JACK | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 7213 ALOE DR | |
| CITY-ST-ZIP | | | SPRING HILL FL 34607 | |
| TITLE | D | NAME | BARBARA KOCSIS | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 5233 HAMLET CT | |
| CITY-ST-ZIP | | | SPRING HILL FL 34606 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|----------------|----|------|------------------------|---|
| TITLE | P | NAME | PORTER, DALE H. | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | 11405 SAND HILL AVE | |
| CITY-ST-ZIP | | | SPRING HILL FL 34608 | |
| TITLE | T | NAME | D'AMORE, ANTHONY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | 3815 DOTHAN AVE | |
| CITY-ST-ZIP | | | SPRING HILL FL 34609 | |
| TITLE | S. | NAME | EVELYN LAWLOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | 10087 LENOX BLVD. | |
| CITY-ST-ZIP | | | WEEKI WACHEE, FL 34615 | |
| TITLE | D | NAME | GEORGE DWYER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | 5145 PANTHER DR. | |
| CITY-ST-ZIP | | | SPRING HILL FL 34607 | |
| TITLE | D | NAME | BARBARA KOCSIS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | | 5233 HAMLET CT. | |
| CITY-ST-ZIP | | | SPRING HILL FL 34606 | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Evelyn Lawlor **EVELYN LAWLOR, Secretary**

Date

Daytime Phone #

3/20/02 (352) 592-6916

CR2E037 (9/01)