

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90045 012 \*\*\*\*61.25

**DOCUMENT # 707661**

1. Entity Name

**KERSHORES CLUB, INC.**

Principal Place of Business

**24712 N.E. 136 LANE  
 SALT SPRINGS FL 32134**

Mailing Address

**24712 N.E. 136 LANE  
 SALT SPRINGS FL 32134**

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

**70-7661520**

Applied For

Not Applicable

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

**MULLINS, NANCY  
 24712 N.E. 136 LANE  
 SALT SPRINGS FL 32134**

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

*NANCY MULLINS, Treasurer* *Nancy Mullins* *4/12/01*

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 ☐ Delete  
 NAME **O'TOOLE, JOANNE**  
 STREET ADDRESS **248330 NE 136TH LANE**  
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☒ Addition  
 NAME **BOB EDWARDS**  
 STREET ADDRESS **13551 NE 248th Terr**  
 CITY-ST-ZIP **SALT SPRINGS, FL 32134**

TITLE ☐ Delete  
 NAME **DVP MCQUEEN, RALPH**  
 STREET ADDRESS **13301 NE 250TH CT**  
 CITY-ST-ZIP **SALT SPRINGS FL**

TITLE ☐ Change ☒ Addition  
 NAME **ESTHER EDWARDS**  
 STREET ADDRESS **13551 NE 248th Terr**  
 CITY-ST-ZIP **SALT SPRINGS, FL 32134**

TITLE ☐ Delete  
 NAME **D NELSON, CHARLES**  
 STREET ADDRESS **24880 NE 136TH LANE**  
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☒ Addition  
 NAME **NANCY MULLINS**  
 STREET ADDRESS **24712 NE 136 LANE**  
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Delete  
 NAME **D BRALICK, DOROTHY**  
 STREET ADDRESS **24817 NE 135TH LANE**  
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME **D MCQUEEN, VIRGINIA**  
 STREET ADDRESS **25105 NE 133RD ST**  
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME **D MARTIN, LARRY**  
 STREET ADDRESS **24921 NE 136 LANE**  
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☐ Addition

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:

*Robert R. Edwards*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*13 Apr 2001*

*(352) 685-1812*

CR2E037 (10/00)