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

DOCUMENT # N9500004277

1. Entity Name

SIGNATURE

THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WING S FRATERNITY, INC.

Signature, typed or printed name of registered agent and title if applicable



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90213 047 ****61.25

DATE

| - · · · · · · · · · · · · · · · · · · · | I, II¥G. | | | WE THE | | | | | |
|--|--|--|--------------------|--|---|---|-----------------------------------|--|--|
| Principal Place of Business | | Mailing Address | Mailing Address | | 1 | | | | |
| 1621 GULF BLVD #1501 CLEARWATER FL 33767-2966 | | 1621 GULF BLVD #1501 CLEARWATER FL 33767-2966 | | | | | | | |
| | <u>. </u> | | | | | | 1810 81818 11811 1881 1881 - | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-3347255 | | Applied For Not Applicable | | |
| Zip | Country | Zip | Countr | у | 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 | | | | |
| | | | | Name | | | | | |
| LONG, LESTER W 7001 7TH AVE WEST | | | ; | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| BRADENTON F | L 34209 | | | | | | | | |
| | | | (| City | | F | Zip Code | | |

(NOTE: Registered Agent signature required when reinstating)

| FILE NOW: FEE IS \$61.25 | | Trust Fund Contribution. | | Added to Fees Florida Department of S | | | | | | |
|---------------------------------------|--|--------------------------|---|---|--------|------------|----------|------------|--|--|
| 10. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | |
| TITLE NAME STREET ADDRESS | P/D FRANCK, MERLYN 93 OAKWOOD DRIVE | ☐ Delete | TITLE NAME STREET ADDRESS | | | , | ☐ Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS | DUNEDIN FL 34698-8217 S/D LONG, LESTER W 7001 7TH AVE WEST | Delete _ | CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | nag. Adv C | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BRADENTON FL 34209-3411 T/D PAYTON, SOPHIA M 162 GULF BLVD. #1501 CLEARWATER FL 33767-2966 | □ Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D MCLAUGHLIN, JOHN 13300 INDIAN ROCKS RD S #604 LARGO FL 34644-2008 | □ Delete . | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LARGO | 0, F L | 33774-2008 | ☐ Change | ☐ Addition | | |
| TITLE NAME | D PAYTON, SOPHIA M | ☐ Delete | TITLE NAME | , | / | | ☐ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1621 GULF BLVD #501

CLEARWATER FL 33767-2966

WERLYN FRANCK

☐ Delete

2-8-03

CR2E037 (10

Addition