2000 UNIFORM BUSINESS REPORT (UBR)

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OOCUMENT # P020000 10797						03 MAR -4 AM 8: 59				
CLUB MILLENIUM INC						SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business Mailing Address 77 WILMER AVE 1132 CLIMBING ROSE DR										
ORLANDO, FL ORLANDO, FL 32811 32818										
2. Principal Place of Business 3. Mailing Address										
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				75-2978637 Not A		pplied Fo		
Zip Country		Zip Countr		у	5.	Certificate of Status Desired	□ \$8.7	5 Ad Requ <u>ire</u>	dditional d	
6.	Name and Address of Current	Registered Agent			7. Nar	ne and Address of New R				
				Name						İ
FAITH RUSS	SELL '	<u></u>		Street	Address (P.O. Box Number is Not Ac	ceptable)			\dashv
1132 CLIMBING ROSE DR						600013	<u> </u>		<u> </u>	_
ORLANDO, FL 32818						03/04/03010	167013	} **	:150. O	0
				City			FL	Zip C	ode	
8. The above	e named entity submits this stat	ement for the purpose of	of changin	g its regi	stered off	ice or registered agent, or b	oth, in the	State o	f Florida.	7
	$\mathcal{M} \cdot \mathcal{H} \subset \mathcal{A}$	1								
GNATURE?	Signature, typed or printed name of regis	tered agent and title if applicable	e. (NOT	E: Register	ed Agent sigr	nature required when reinstating)	Date	2/28/20	103	
9 This corpo	oration is eligible to satisfy its		VIII FEE IS	\$150.00		059				
Intangible	Tax filing requirement and election (See criteria on back)	its After MAY 1, 2 Make Check Paya				Election Campaign Fit Trust Fund Contribution			May Be d to Fees	3 -
. <u> </u>	OFFICERS AND DI	RECTORS	12.		ADDIT	IONS/CHANGES TO OFFICER	S AND DIRE	CTORS	IN 11	
	DVP	Defete	TITLE		•		c	hange	Additi	ion g
TITLE NAMÉ	FAITH RUSSELL		NAME			•	,			90 E034 (9/99
STREET ADDRESS	1132 CLIMBING ROSE DR		1	ADDRESS						[
CITY - ST - ZIP	ORLANDO, FL 32818	X Delete	CITY - ST	- ZIP			Пс	hange	Additi	ion E
TITLE	DP DONNA RUSSELL	[X] Delete	NAME							
NAME STREET ADDRESS	1132 CLIMBING ROSE DR	}	l l	AOORESS						
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST	- ZIP					<u> </u>	\dashv
TITLE		Delete	TITLE		DP FAITH 1	TAVLOD	c	hange	X Additi	on
NAME			NAME	ADDRESS =		IMBING ROSE DR	_			
STREET ADDRESS			CITY - ST			DO, FL 32818				
CITY - ST - ZIP		Delete	TITLE			•	c	hange	Additi	ion
TITLE NAME			NAME							
STREET ADDRESS			STREET	ADDRESS						
CITY - ST - ZIP			CITY - S'	- ZIP						
TITLE		Delete	TITLE					hange	Addit	ion
NAME			NAME							İ
STREET ADDRESS				ADDRESS						
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TITLE		Delete	NAME			a menungan and a second				}
NAME		we the	STREET					· · · · ·		
CITY - ST - ZIP		, , , , , , , , , , , , , , , , , , ,	CITY	r., 7IP	<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>		
	ertify that the information supplied wit	h this filing does not qualify	for the exe	mption sta	ted in Secti	ion 119.07(3)(i), Florida Statutes	: I further cei made under	nify that i	ine it	
information	ertify that the information supplied wit n indicated on this report or suppleme ficer or director of the corporation or t	ental report is true and accurate receiver or trustee empored and accurate with the contract with the	wered to e	xecute this	report as	equired by Chapter 607, Florida	Statutes; an	d that m	у	

name appears in Block 11 or Block

SIGNATURE:imes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2003 Date

Daytime Phone #