

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-21-2002 91138 024 ****61.25

DOCUMENT # 700005

1. Entity Name

PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

**29075 RIVERVIEW LANE
 PUNTA GORDA FL 33982-8535**

**29075 RIVERVIEW LANE
 PUNTA GORDA FL 33982-8535**

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

NOT APPLICABLE

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

**COY, EUGENE
 285 EVERGREEN STREET
 PUNTA GORDA FL 33982**

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

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	V	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, RANDALL	
STREET ADDRESS	29263 PEACE RIVER SHORES BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	P	<input type="checkbox"/> Delete
NAME	COY, EUGENE	
STREET ADDRESS	285 EVERGREEN ST	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, JACK	
STREET ADDRESS	29260 ALFARETTA	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRICH, BVD	
STREET ADDRESS	28411 COCO PALM DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JOSEPH	
STREET ADDRESS	261 SUMMERSET DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATONIS, TOM	
STREET ADDRESS	29184 PICADOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33982	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAPPY MEREDITH	
STREET ADDRESS	28498 SILVER PALM DR.	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES ARNEY	
STREET ADDRESS	29197 BOYCE RD	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA SLOAN	
STREET ADDRESS	122 DAHOON Blvd	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK LLBEL	
STREET ADDRESS	28388 COCO PALM DR.	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA LAVOIE	
STREET ADDRESS	29263 PEACE RIVER SHORES Blvd	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra Lavoie (SANDRA LAVOIE) Secretary 4-28-02 255-7403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)