

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703245

1. Entity Name

MOUNT DORA SHUFFLEBOARD CLUB INC

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90055 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O ROBERT CRUM  
531 N. CLAYTON ST.  
MT. DORA FL 32757

C/O ROBERT CRUM  
531 N. CLAYTON ST.  
MT. DORA FL 32757-5664

C0076531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **MT. DORA, FL 32757**  
**HONNELLY PARK**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **MT. DORA, FL**

City & State

4. FEI Number **59-1011459**

Applied For  
Not Applicable

Zip **32757** Country **US**

Zip Country

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

**DOCKEY, MERRITT**  
**1845 SYLVAN POINT DR**  
**MT. DORA FL 32757**

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:**  
**FEF 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, BEVERLY</b>	
STREET ADDRESS	<b>438 SINCLAIR CIR</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KEEM, WILDA</b>	
STREET ADDRESS	<b>2877 SOUTHLAND RD</b>	
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CRUM, ROBERT</b>	
STREET ADDRESS	<b>531 N CLAYTON ST</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALUSZA, STANLEY H.</b>	
STREET ADDRESS	<b>313 EASTRIDGE DR</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GALVSZA, BETTE</b>	
STREET ADDRESS	<b>313 EASTRIDGE DR</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHOEMAKER, SAM</b>	
STREET ADDRESS	<b>2760 WESTLAND RD.</b>	
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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: **ROBERT CRUM** **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/00** **352-383-2757**

CR2E037 (9/99)