

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90013 034 ****61.25

DOCUMENT # 703245

1. Entity Name

MOUNT DORA SHUFFLEBOARD CLUB INC

Principal Place of Business

DONNERY PARK
MOUNT DORA FL 32757

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1011459

Applied For

Not Applicable

Zip

Country

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

CHANGE OF ADDRESS
ONLY →

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

Name DOCKEY, MERRITT

Street Address (P.O. Box Number is Not Acceptable)

2546 POTOMAC PATH

GRAND ISLAND, FL 32735

City

FL

Zip Code

32735

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 P
NAME WALKER, BEVERLY
STREET ADDRESS 438 SINCLAIR CIR
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE P
NAME KEEM, WILDA
STREET ADDRESS 2877 SOUTHLAND RD.
CITY-ST-ZIP MT. DORA, FL 32757 ☒ Change ☐ Addition

TITLE V
NAME KEEM, WILDA
STREET ADDRESS 2877 SOUTHLAND RD
CITY-ST-ZIP MT DORA FL 32757 ☒ Delete

TITLE V
NAME DEMOMME, WILL
STREET ADDRESS 24 MILLER CT.
CITY-ST-ZIP MT. DORA, FL 32757 ☒ Change ☐ Addition

TITLE T
NAME CRUM, ROBERT
STREET ADDRESS 531 N CLAYTON ST
CITY-ST-ZIP MT. DORA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GALUSZA, STANLEY H.
STREET ADDRESS 313 EASTRIDGE DR
CITY-ST-ZIP EUSTIS FL ☒ Delete

TITLE D
NAME BISHOP, JERRY
STREET ADDRESS 41 MORROW CT.
CITY-ST-ZIP MT. DORA, FL 32757 ☒ Change ☐ Addition

TITLE S
NAME GALVSZA, BETTE
STREET ADDRESS 313 EASTRIDGE DR
CITY-ST-ZIP EUSTIS FL ☒ Delete

TITLE S
NAME SELL, EILEEN
STREET ADDRESS 14 DANA CT.
CITY-ST-ZIP MT. DORA, FL 32757 ☒ Change ☐ Addition

TITLE D
NAME SHOEMAKER, SAM
STREET ADDRESS 2760 WESTLAND RD.
CITY-ST-ZIP MT DORA FL 32757 ☒ Delete

TITLE D
NAME BOGGS, JEAN
STREET ADDRESS 110 N. TREMAIN ST
CITY-ST-ZIP MT. DORA, FL 32757 ☒ 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:

SIGNATURE REQUIRED TREASURER

3/20/01

352-983-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)