

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90003 008 \*\*\*\*61.25

**DOCUMENT # 704191**

1. Entity Name

**SENIOR CITIZENS CLUB LANTANA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

IRIS AND DIXIE  
 BOX 3303  
 LANTANA FL 33465-3303

IRIS AND DIXIE  
 BOX 3303  
 LANTANA FL 33465-3303

00001140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

HAND, ROBERT D  
 896 N. FEDERAL HWY  
 #432  
 LANTANA FL 33462

Name

00001140

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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p>ST-ZIP</p>	<p><b>P</b>  <b>HAND, JANE</b>  <b>896 N. FEDERAL HWY #432</b>  <b>LANTANA FL 33462</b></p>	<p><input type="checkbox"/> Delete</p>	<p><b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b></p> <p><b>DIRECTOR</b>  <b>LEON VITO</b>  <b>1 W. GOLFVIEW - #203</b>  <b>LAKE WORTH, FL</b></p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>ST-ZIP</p>	<p><b>V</b>  <b>ANTONETTE, TERRY</b>  <b>229 N. K ST</b>  <b>LAKE WORTH FL</b></p>	<p><input type="checkbox"/> Delete</p>	<p><b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b></p> <p><b>DIRECTOR</b>  <b>YORK, ANN</b>  <b>202 S. 0th ST</b>  <b>LAKE WORTH, FL</b></p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>ST-ZIP</p>	<p><b>RS</b>  <b>LINDSTROM, BARBARA</b>  <b>703 N 4TH ST</b>  <b>LANTANA FL</b></p>	<p><input type="checkbox"/> Delete</p>	<p><b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b></p> <p><b>DIRECTOR</b>  <b>GORDON, DOROTHY</b>  <b>3100 SPRINGDALE BLVD</b>  <b>LAKE WORTH, FL</b></p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>ST-ZIP</p>	<p><b>T</b>  <b>KRUPILIS, JOHN</b>  <b>6873 VENETIAN DR</b>  <b>LANTANA FL</b></p>	<p><input type="checkbox"/> Delete</p>	<p><b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b></p> <p><b>DIRECTOR</b>  <b>CONNOLLY, BRUCE</b>  <b>8809 CASTLE DR</b>  <b>BOYTON BEACH, FL</b></p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>ST-ZIP</p>	<p><b>D</b>  <b>TUMINSKI, EDWARD</b>  <b>3721 BROOKLYN LN.</b>  <b>LAKE WORTH FL</b></p>	<p><input checked="" type="checkbox"/> Delete</p>	<p><b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b></p> <p><b>ROMEO MILDRED (Director)</b>  <b>445 S. LAKE DR</b>  <b>LANTANA, FL</b></p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>ST-ZIP</p>	<p><b>D</b>  <b>ORJALA JOHN</b>  <b>823 S LAKE DR</b>  <b>LANTANA FL 33462</b></p>	<p><input checked="" type="checkbox"/> Delete</p>	<p><b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b></p> <p></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 D. Hand*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21000 561-588-9302

CR2E037 (9/99)