

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706457

1. Entity Name

SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.

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

04-28-2000 90079 027 ****61.25

Principal Place of Business 200 EAST UNIVERSITY AVENUE P. O. BOX 740885 ORANGE CITY FL 32774-0885 US	Mailing Address 200 EAST UNIVERSITY AVENUE P. O. BOX 740885 ORANGE CITY FL 32774-0885 US
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DO NOT WRITE IN THIS SPACE

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 59-6165113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MASSEY, ELLEE
616 W PATLIN AVE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

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 *Ellee Massey* DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME SD ZAGNOLI, REGINA STREET ADDRESS 448 E UNIVERSITY AVE CITY-ST-ZIP ORANGE CITY FL	<input type="checkbox"/> Delete
TITLE NAME PD MCCAFFERTY, CINDY STREET ADDRESS 645 E IRIS DR CITY-ST-ZIP ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME VD MCKETHAN, P STREET ADDRESS 404 W DIXSON ST CITY-ST-ZIP ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME VD WILSON, JANET STREET ADDRESS 840 TAPPAN CIR CITY-ST-ZIP ORANGE CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD TAYLOR, J STREET ADDRESS 461 S HOLLY AVE CITY-ST-ZIP ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME TD MASSEY, ELLEE M STREET ADDRESS 616 W PATLIN AVE CITY-ST-ZIP ORANGE CITY, FL 00000	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD Mary Soyak STREET ADDRESS 924 W. French Ave. CITY-ST-ZIP Orange City, Fla 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VD Sarah-Koonz STREET ADDRESS 1530 Cassadaga Rd. CITY-ST-ZIP DeLand, Fla 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VD Kim Gentry STREET ADDRESS 3098 Yorkshire Dr. CITY-ST-ZIP Deltona, Fla	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VD MCCAFFERTY, Cindy STREET ADDRESS 645 E. Iris Dr. CITY-ST-ZIP Orange City, Fla 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD Massey, Ellee STREET ADDRESS 616 W. Patlin Ave. CITY-ST-ZIP Orange City, Fla 32763	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ellee Massey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **04/20/00 (904) 775-4953**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)