

**.2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90313 036 \*\*\*\*61.25

0024127

**DOCUMENT # 706457**  
 1. Entity Name  
**SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.**

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 <b>59-6165113</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ (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

TITLE NAME SD <b>ZAGNOLI, REGINA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>448 E UNIVERSITY AVE</b>	
CITY-ST-ZIP <b>ORANGE CITY FL</b>	
TITLE NAME PD <b>SOYAK, MARY</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>924 W FRENCH AVE</b>	
CITY-ST-ZIP <b>ORANGE CITY FL 32763</b>	
TITLE NAME VD <b>KOONZ, SARAH</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>1580 CASSADAGA RD</b>	
CITY-ST-ZIP <b>DELAND FL 32720</b>	
TITLE NAME VD <b>GENTRY, KIM</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3098 YORKSHIRE DR</b>	
CITY-ST-ZIP <b>DELTONA FL</b>	
TITLE NAME VD <b>MCCAFFERTY, CINDY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>645 E IRIS DR</b>	
CITY-ST-ZIP <b>ORANGE CITY FL 32763</b>	
TITLE NAME TD <b>MASSEY, ELLEE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>616 W PATLIN AVE</b>	
CITY-ST-ZIP <b>ORANGE CITY FL 32763</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SD <b>MARVA, PRATT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>417 W. DIXSON ST.</b>	
CITY-ST-ZIP <b>Orange City, Fl. 32763</b>	
TITLE NAME VD <b>McKethan, Patty</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>404 W. DIXSON ST.</b>	
CITY-ST-ZIP <b>Orange City, Fl. 32763</b>	
TITLE NAME VD <b>Sackett, Alma</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>930 N. CARPENTER AVE.</b>	
CITY-ST-ZIP <b>Orange City, Fl. 32763</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ellee Massey 4-19-01 386-775-4953  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)