

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706757

1. Entity Name

SERTOMA BREAKFAST CLUB OF JACKSONVILLE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90844 010 ****61.25

Principal Place of Business	Mailing Address
311 W. MONROE ST. P.O. BOX 744 JACKSONVILLE FL 32202 US	P.O. BOX 744 PO BOX 744 JACKSONVILLE FL 32202 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-6213283	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HALL, RICHARD 5144 SANTA CRUZ LN. JACKSONVILLE FL 32210

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	D <input type="checkbox"/> Delete
NAME	FRUMERIE, WALTER
STREET ADDRESS	5652 TANGELWOOD LN.
CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	D <input type="checkbox"/> Delete
NAME	HUNTER, LEE
STREET ADDRESS	175 BARBERRY LN
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082
TITLE	VD <input type="checkbox"/> Delete
NAME	MEENA, LINCOLN
STREET ADDRESS	2981 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	P <input type="checkbox"/> Delete
NAME	LEEDY, DAVID
STREET ADDRESS	3101 SOUTHERN HILLS CIRCLE W
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	TD <input type="checkbox"/> Delete
NAME	HALL, RICHARD
STREET ADDRESS	5144 SANTA CRUZ LN
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	S <input type="checkbox"/> Delete
NAME	JOHNSON, C PAUL
STREET ADDRESS	4112 TIMUQUANA RD
CITY-ST-ZIP	JACKSONVILLE FL 32244

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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: Richard L. Hall 4-30-00 904 772-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)