

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 707753**

1. Entity Name

TRILBY SOCIAL CLUB INCORPORATED

Principal Place of Business

OLE TRILBY ROAD
P.O. BOX 854
TRILBY FL 33593-7854

Mailing Address

OLE TRILBY ROAD
P.O. BOX 854
TRILBY FL 33593-7854

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 **59-2499975**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KING, ALICE B
20830 TRILBY CEM. RD
P.O. BOX 8
TRILBY FL 33593

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

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
After September 12, 2001, min. will be \$236.259. 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	KIRKSEY, JAMES W	
STREET ADDRESS	18435 HAMILTON RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PITTS, LARRY J	
STREET ADDRESS	33903 TRILBY ROAD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, BOBBY S	
STREET ADDRESS	PO BOX 286 N/A	
CITY-ST-ZIP	LACOOCHIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYRICK, JOHN H	
STREET ADDRESS	1159 OLD TRILBY RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLACK, WATER E	
STREET ADDRESS	P.O. BOX 27, NA	
CITY-ST-ZIP	TRILBY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, HENRY LEE	
STREET ADDRESS	33297 CORTEZ BLVD	
CITY-ST-ZIP	DADE CITY FL	

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William P. Burkett	
STREET ADDRESS	35436 Ruffing Rd.	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leomendez	
STREET ADDRESS	26056 Olympia	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
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: *William P. Burkett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-02-2001

Date

352 583 4801

Daytime Phone #

09-27-2001

352-567-3996

CR2E037 (5/01)