

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707753

1. Entity Name

TRILBY SOCIAL CLUB INCORPORATED

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90815 047 ****70.00

0070273

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KING, ALICE B
20830 TRILBY CEM. RD
TRILBY FL 33593

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KIRKSEY, JAMES W**
CITY-ST-ZIP **18435 HAMILTON RD**
DADE CITY FL 33523

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **BURKETT, WILLIAM P**
CITY-ST-ZIP **35436 RUFFING RD**
DADE CITY FL 33523

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JACKSON, BOBBY S**
CITY-ST-ZIP **PO BOX 286 N/A**
LACOCHEE FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MENDEZ, LEO**
CITY-ST-ZIP **26055 OLYMPIA**
BROOKSVILLE FL 34601

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BLACK, WATER E**
CITY-ST-ZIP **P.O. BOX 27, NA**
TRILBY FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, HENRY L**
CITY-ST-ZIP **33297 CORTEZ BLVD**
DADE CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Louis A. King**
CITY-ST-ZIP **PO Box 48**
Trilby, FL 33593

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

WATER E BLACK

Date

Daytime Phone #

06/24/2002

CR2E037 (9/01)