

DOCUMENT # 715831

1. Entity Name

SERTOMA CLUB OF ORLANDO, INC.

FILED  
May 22, 2000 8:00 am  
Secretary of State

02-26-2000 90012 021 \*\*\*\*61.25

Principal Place of Business	Mailing Address
P.O. BOX 2483 ORLANDO FL 32802 US	P.O. BOX 2483 ORLANDO FL 32802-2483 US

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

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
59-6213291Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUNKER, WILLIAM H  
1914 KINGSLAND AVENUE  
ORLANDO FL 32808-5553

7. Name and Address of New Registered Agent

Name  
LINDEN GOULD  
Street Address (P.O. Box Number is Not Acceptable)  
2905 DRAKE DR.City  
ORLANDO FL Zip Code  
32810

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, DAVID	
STREET ADDRESS	8612 VILLA PT #434	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALL, JOHN	
STREET ADDRESS	1413 FAIRWAY OAKS DR	
CITY-ST-ZIP	CASSELBERRY FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, JACKIE	
STREET ADDRESS	1414 GAY RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, JOHN	
STREET ADDRESS	5335 #2 WHITE CLIFF LANE	
CITY-ST-ZIP	ORLANDO FL 32812-8822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDEN GOULD	
STREET ADDRESS	2905 DRAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 32810	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINDEN GOULD TREASURER 2-15-2000 (407) 246-6500

CR2E037 (9/99)