

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90277 012 ****61.25

DOCUMENT # 715831

1. Entity Name

SERTOMA CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2483
 ORLANDO FL 32802
 US

P.O. BOX 2483
 ORLANDO FL 32802
 US

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

59-6213291

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

GOULD, LINDEN
2905 DRIVE DR
ORLANDO FL 32810

Name **Marci Belanger**

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

91 N. Sunset Dr

City

Casselberry

FL

Zip Code
32707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marci Belanger**
 Signature, typed or printed name of registered agent and title if applicable

Marci Belanger
 (NOTE: Registered Agent signature required when reinstating)

7/31/02
 DATE

After September 13, 2002,
min. will be \$236.25.

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 **T** ☐ Delete
 NAME **BELANGER, MARCI R**
 STREET ADDRESS **1131 ALBERTA ST**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **T** ☒ Change ☐ Addition
 NAME **Belanger, Marci**
 STREET ADDRESS **91 N. Sunset Dr.**
 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **D** ☐ Delete
 NAME **MCCALL, JOHN**
 STREET ADDRESS **1413 FAIRWAY OAKS DR**
 CITY-ST-ZIP **CASSELBERRY FL 32803**

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

TITLE **D** ☐ Delete
 NAME **LINDSEY, JACKIE**
 STREET ADDRESS **1414 GAY RD**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **D** ☐ Delete
 NAME **STEPHENS, JOHN**
 STREET ADDRESS **5335 #2 WHITE CLIFF LANE**
 CITY-ST-ZIP **ORLANDO FL 32812-8822**

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

TITLE **P** ☒ Delete
 NAME **GOULD, LINDEN**
 STREET ADDRESS **2905 DRIVE DR**
 CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE ☐ Delete
 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: **Marci Belanger** **7/31/02** **(407) 644-7707**

CR2E037 (4/02)