

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717513

1. Entity Name

CYPRESS GARDENS SERTOMA CLUB, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90080 015 ****61.25

Principal Place of Business

Mailing Address

1825 SIXTH STREET S.E.
WINTER HAVEN FLA 33880

P.O. BOX 831
WINTER HAVEN FL 33882
US

C0010233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6213295

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KENNEDY, J. KELLY
798 W. LAKE OTIS DR.
WINTER HAVEN FL 33880

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

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
NAME TV
STREET ADDRESS SLHRAMM, LARRY
CITY-ST-ZIP 1500 AVE G NE
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME SV
STREET ADDRESS SCHRAMM LARRY
CITY-ST-ZIP 1500 AVE G NE
WINTER HAVEN, FL 33880 ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS LING, JEFF
CITY-ST-ZIP 409 LAKE SUMMIT DR W.
WINTER HAVEN FL 33884 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS CRISMAN, STEVEN
CITY-ST-ZIP 2012 17TH ST BW
WINTER HAVEN FL 33883 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS SWART, BILL
CITY-ST-ZIP 1750 HAVENDALE BLVD.
WINTER HAVEN FL ☐ Delete

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

TITLE
NAME P
STREET ADDRESS HILL, ELMER
CITY-ST-ZIP 4818 OAK ACRES DR.
LAKE WALES FL 33853 ☒ Delete

TITLE
NAME P
STREET ADDRESS MICHAEL S. SHORETTE
CITY-ST-ZIP PO BOX 778
EAGLE LAKE, FL 33884 ☐ Change ☒ Addition

TITLE
NAME S
STREET ADDRESS NORDBY, HAROLD
CITY-ST-ZIP P O BOX 831
WINTER HAVEN FL 33883 ☐ Delete

TITLE
NAME TV
STREET ADDRESS NORDBY, HAROLD
CITY-ST-ZIP P.O. Box 831
WINTER HAVEN, FL 33883 ☒ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2001

863-965-1185

CR2E037 (10/00)