

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717513

1. Entity Name

CYPRESS GARDENS SERTOMA CLUB, INC.

**FILED**  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90030 041 \*\*\*\*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

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

59-6213295

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

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

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

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

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

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

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

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

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

TITLE P  
NAME SHORETTE, MICHAEL  
STREET ADDRESS P O BOX 778  
CITY-ST-ZIP EAGLE LAKE FL 33884 ☒ Delete

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

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

TITLE D  
NAME HILL, ELMER  
STREET ADDRESS 4818 OAK ACRES DRIVE  
CITY-ST-ZIP LAKE WALES, FL 33898 ☐ 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:

*STEVEN E. CRISMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

863-299-5638

Date

Daytime Phone #

CR2E037 (9/01)