

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718584

1. Entity Name

SUPERVISORS SOCIAL CLUB, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90176 029 ****61.25

Principal Place of Business

Mailing Address

3310 OLD JENNINGS ROAD
MIDDLEBURG FL 32068
US

3310 OLD JENNINGS ROAD
MIDDLEBURG FL 32068-3417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-7101748**

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

RALPH STORY
4962 RED PINE COURT
JACKSONVILLE FL 32210

Name
CHARLES L. WRIGHTINGTON

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

1690 LONGHORN RD

City
MIDDLEBURG

FL

Zip Code
32068

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

CHARLES L. WRIGHTINGTON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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 **D** ☐ Delete
NAME **LEE, EARL**
STREET ADDRESS **2540 AQUARIUS AVE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **CD** ☐ Delete
NAME **STORY, RALPH**
STREET ADDRESS **4962 RED PINE COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **SD** ☐ Delete
NAME **SILVERIA, NANCY**
STREET ADDRESS **714 HIGHLANDS AVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **BARGE, WILLIAM M.**
STREET ADDRESS **4655 ORTEGA FARMS BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **VD** ☐ Delete
NAME **LEEDS, SOMERS E**
STREET ADDRESS **944 LAKE ASBURY DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **BEAUDOIN, HENRY**
STREET ADDRESS **2490 HALPERS WAY**
CITY-ST-ZIP **MIDDLEBURG FL**

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:

HENRY BEAUDOIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-282-1193

CR2E037 (9/99)