

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720405

1. Entity Name

FORT MEADE CIVIC CLUB, INCORPORATED

Principal Place of Business

227 WEST BROADWAY
P O BOX 214
FORT MEADE-FL 33841-0214

Mailing Address

227 WEST BROADWAY
P O BOX 214
FORT MEADE FL 33841-0214

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

59-6153303

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

STHRESHLEY, LAWRENCE F
311 N.E. 1ST. STREET
FORT MEADE FL 33841

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 SD
NAME MORROW, MIKE
STREET ADDRESS 214 W. BROADWAY
CITY-ST-ZIP FORT MEADE FL 33841 ☒ Delete

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

TITLE TD
NAME STHRESHLEY, LAWRENCE F III
STREET ADDRESS 311 N.E. 1ST. STREET
CITY-ST-ZIP FT. MEADE FL 33841 ☐ Delete

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

TITLE D
NAME LANGSTON, DON
STREET ADDRESS 2555 GABRIEL ROAD
CITY-ST-ZIP FORT MEADE FL 33841 ☐ Delete

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

TITLE D
NAME DOUGLASS, MARIE
STREET ADDRESS 300 SOUTH WASHINGTON AVENUE, LOT 76
CITY-ST-ZIP FT. MEADE FL ☐ Delete

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

TITLE PD
NAME MINNER, AL
STREET ADDRESS 123 N.E. 3RD. STREET
CITY-ST-ZIP FORT MEADE FL 33841 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

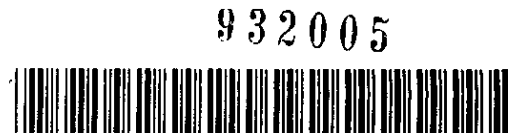
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 7, 2002

Date

(863) 519-3036

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)