

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721585

1. Entity Name

CHRISTOPHER CLUB OF OCALA, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90074 021 ****61.25

Principal Place of Business

2030 NE 36TH AVENUE
OCALA FL 34470

Mailing Address

2030 NE 36TH AVENUE
OCALA FL 34470-4916

2. Principal Place of Business

2301 N.E. 17 PLACE

Suite, Apt. #, etc.

101

3. Mailing Address

P.O. Box 241

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34470

Country

Zip

34478

Country

4. FEI Number

23-7329929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PELEHATY, NICHOLAS
7921 SE 58 CT.
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Philip H. SAPIENZA

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

2312 N.E. 40th AVE.

City

OCALA

FL

Zip Code

34470

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 Philip SAPIENZA

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

(NOTE: Registered Agent Signature required when maintaining)

DATE

4-10-00

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

TITLE	P	☒ Delete
NAME	KUNZMANN, FRANCIS	
STREET ADDRESS	1890 NE 91 PL	
CITY-STATE-ZIP	ANTHONY FL 32617	
TITLE	V	☒ Delete
NAME	PELEHATY, NICHOLAS	
STREET ADDRESS	1921 SE 56TH CT	
CITY-STATE-ZIP	OCALA FL	
TITLE	D	☒ Delete
NAME	SCHULZE, GRAHAM	
STREET ADDRESS	1804 CYPRESS POINT RD	
CITY-STATE-ZIP	OCALA FL	
TITLE	TD	☒ Delete
NAME	WAHMAN, BERNARD H	
STREET ADDRESS	2925 NE 10TH ST	
CITY-STATE-ZIP	OCALA FL	
TITLE	D	☒ Delete
NAME	SHEPLER, RON	
STREET ADDRESS	922 NE 13TH AVE	
CITY-STATE-ZIP	OCALA FL 34470	
TITLE	D	☒ Delete
NAME	MURPHY, JOHN	
STREET ADDRESS	3323 NE 14TH ST	
CITY-STATE-ZIP	OCALA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Philip H. SAPIENZA	
STREET ADDRESS	2312 N.E. 40 AVE	
CITY-STATE-ZIP	OCALA, FL 34470	
TITLE	V	☒ Change ☐ Addition
NAME	JEROME J. REPASKI	
STREET ADDRESS	9882 SW 88TH TER. #A	
CITY-STATE-ZIP	OCALA, FL 34481	
TITLE	S	☒ Change ☐ Addition
NAME	JAMES BROWNE	
STREET ADDRESS	1345 SE 18th PLACE	
CITY-STATE-ZIP	OCALA, FL 34471	
TITLE	TD	☒ Change ☐ Addition
NAME	ROBERT W. READ	
STREET ADDRESS	10137 SW 81st COURT	
CITY-STATE-ZIP	OCALA, FL 34481	
TITLE	D	☒ Change ☐ Addition
NAME	FRANK KUNZMANN	
STREET ADDRESS	1890 NE 91st PLACE	
CITY-STATE-ZIP	ANTHONY FL 32617	
TITLE	D	☒ Change ☐ Addition
NAME	WALT MILLAR	
STREET ADDRESS	3938 SE 15th STREET	
CITY-STATE-ZIP	OCALA, FL 34471	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information contained 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, as changed, or in an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR