

DOCUMENT # 721585

1. Entity Name

CHRISTOPHER CLUB OF OCALA, INC.

Principal Place of Business

Mailing Address

2301 N.E. 17 PLACE
101
OCALA FL 34470

P.O. BOX 241
OCALA FL 34478

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

23-7329929

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

SAPIENZA, PHILIP H
2312 N.E. 40TH AVE
OCALA FL 34470

Name

Walter J. Millar

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

3933 S.E. 15th Street

City

Ocala

FL

Zip Code
34471

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

Jan 5, 2001

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	STREET ADDRESS	CITY-ST-ZIP	Delete
P	SAPIENZA, PHILIP H	2312 N.E. 40 AVE	OCALA FL 34470	<input checked="" type="checkbox"/>
V	REPASKI, JEROME J	9882 SW 88 TERR #A	OCALA FL 34481	<input type="checkbox"/>
S	BROWL, JAMES	1345 SE 18TH PLACE	OCALA FL 34471	<input type="checkbox"/>
TD	READ, ROBERT W	10137 SW 81ST COURT	OCALA FL 34481	<input type="checkbox"/>
D	KUNZMANN, FRANK	1890 NE 81ST COURT	ANTHONY FL 32617	<input type="checkbox"/>
D	MILLAR, WALT	3938 SE 15TH STREET	OCALA FL 34471	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Pres.	Walter J. Millar	3938 S.E. 15th Street-	Ocala, FL 34471	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Dir.	Mark A. Nuetzi	718 S.E. 24th St-	Ocala, FL 34471	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

01/05/2001

(352) 694-1692

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90051 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)