

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 15, 2000 8:00 am
Secretary of State

03-27-2000 90097 050 ****61.25

DOCUMENT # 721667

1. Entity Name

ORANGE CITY SHUFFLEBOARD CLUB, INC.

Principal Place of Business

Mailing Address

CLUBHOUSE N HOLLY AVE
PO BOX 740705
ORANGE CITY FL 32774-7705

CLUBHOUSE N HOLLY AVE
PO BOX 740705
ORANGE CITY FL 32774-0705

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

59-2960570

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

HALE, ATHELYN G
215 SO EUCLID AE
LAKE HELEN FL 32744

Name

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

292 Lake Shore Dr.

City

Lake Mary, Florida

FL

Zip Code

32746

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 **P** ☐ Delete
NAME **TETREAU, RAYMOND**
STREET ADDRESS **66 ALANO RD**
CITY-ST-ZIP **DEBARY FL 32713**

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

TITLE **VP** ☐ Delete
NAME **SCANLON, NANCY**
STREET ADDRESS **204 N OAK**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

TITLE **T** ☐ Delete
NAME **CHRISTE, PAUL**
STREET ADDRESS **648 ORANGE TREE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Change ☐ Addition
NAME **CRISTE, PAUL**
STREET ADDRESS **SAME (NAME SPELLING CORRECTION)**
CITY-ST-ZIP

TITLE **Treas.** ☐ Delete
NAME **MATHER, KATHY**
STREET ADDRESS **405 PATLIN AVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Change ☐ Addition
NAME **Kathy Mather**
STREET ADDRESS **405 Patlin Ave**
CITY-ST-ZIP **Orange City FL 32763**

TITLE **S** ☒ Delete
NAME **HALE, ATHELYN G**
STREET ADDRESS **215 S EUCLID AVE**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE ☐ Change ☐ Addition
NAME **Bertha Gregory**
STREET ADDRESS **292 Lake Shore Dr.**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **D** ☐ Delete
NAME **GREGORY, EARL**
STREET ADDRESS **292 LAKE SHORE DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

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: *Kathy Mather*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #