

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

UBR/349

DOCUMENT # 721667

1. Entity Name

ORANGE CITY SHUFFLEBOARD CLUB, INC.

03-25-2002 90063 043 ****61.25

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 32774-7705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2960570

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

**GREGORY, BERTHA
 292 LAKE SHORE DR
 LAKE MARY FL 32746**

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, 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 **FLEMING, RONALD**
 STREET ADDRESS **1800 ESCOBAR AVE**
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE **VP** ☐ 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

TITLE **D** ☐ Delete
 NAME **TETRAULT, RAYMON**
 STREET ADDRESS **68 ALAN ROAD**
 CITY-ST-ZIP **DEBARY FL 32713**

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

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

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

TITLE **D** ☒ Delete **No such name**
 NAME **KRITTON, MATTHEW**
 STREET ADDRESS **405 BRITTON AVE**
 CITY-ST-ZIP **ORANGE CITY FL 32763-5044**

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

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

Bertha Gregory

3/9/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)