

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90097 003 ****61.25

DOCUMENT # 721667

1. Entity Name

ORANGE CITY SHUFFLEBOARD CLUB, INC.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

Delete

7. Name and Address of New Registered Agent

Eleanor V. Sporbent
Street Address (P.O., Box Number is Not Acceptable)
*565 Jason Dr.
Del Bary, Fl. 32713*
City *FL* Zip Code *32713*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eleanor V. Sporbent*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 8, 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, RONALD 1800 ESCOBAR AVE DELTONA FL 32725	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGORY, EARL 292 LAKE SHORE DR LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETRAULT, RAYMON 68 ALAN ROAD DEBARY FL 32713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHER, KATHY 405 PATLIN AVE ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, EARL 292 LAKE SHORE DR LAKE MARY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <i>Nancy Scanlon</i> <i>224 N. Oak Ave</i> <i>Orange City Fl 32763</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. <i>Clifford Drapcan</i> <i>1680 Fort Smith Blvd.</i> <i>Deltona Fl. 32725</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <i>Ronald Fleming</i> <i>101 Grand Plaza Drive</i> <i>Orange City, Fl. 32763</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Clifford Drapcan</i> <i>1680 Fort Smith Blvd.</i> <i>Deltona, Fl. 32725</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Eleanor V. Sporbent

March 8, 2003

386-668-7862

CR2E037 (10/02)