

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90054 045 ****61.25

DOCUMENT # 723844

1. Corporation Name

UNITED ANNIVERSARY MEN'S CLUB, INC.

Principal Place of Business

9047 SIBBALD RD.
JACKSONVILLE FL 32208

Mailing Address

9047 SIBBALD RD.
JACKSONVILLE FL 32208



2. Principal Place of Business

21 2954 Ribault Cir

Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32208

Country

25 U.S.

2a. Mailing Address

26 2954 Ribault Cir

Suite, Apt. #, etc.

27

City & State

28 Jacksonville FL

Zip

29 32208

Country

30 U.S.

3. Date Incorporated or Qualified

07/11/1972

4. FEI Number

59-3019011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

JOHNSON, STANLEY L.
10811 JAVA DR
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME JOHNSON, STANLEY

STREET ADDRESS 10811 JAVA DR
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE VD ☒ DELETE

NAME MARSHALL, MELVIN

STREET ADDRESS 5000 SAN JOSE BLVD #85
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE PD ☐ DELETE

NAME HOLBACK, RALPH
STREET ADDRESS 2954 RIBUALT CIRCLE
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME COLLINS, PHILLIP
STREET ADDRESS 1556 SONOMA COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition

1.2 NAME Eugene Sawyer

1.3 STREET ADDRESS 2916 Lippia Rd
1.4 CITY-ST-ZIP Jacksonville FL 32208

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph Holback REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)