

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90442 025 ****61.25

DOCUMENT # 731406

1. Entity Name

TWO-ELEVEN CLUB, INC.



Principal Place of Business

**18 AVENUE B
SUITE 1
MELBOURNE FL 32901
US**

Mailing Address

**18 AVENUE B
SUITE 1
MELBOURNE FL 32901
US**

90022526



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7453725**

☒ 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

**HIERRON, JERRY
1046 DALLAMAV N.W.
SUITE #23
PALM BAY FL 32907**

Name **ACHIN, DENISE**

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

212 E. HAVEN DRIVE

City **WEST MELBOURNE FL** Zip Code **32904**

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

Denise Achin

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete
NAME **MILES, CECELIA M**
STREET ADDRESS **5090 N. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **TD** ☐ Delete
NAME **HERRON, JERRY**
STREET ADDRESS **1046 DALLAM AVENUE N.W.**
CITY-ST-ZIP **PALM BAY FL**

TITLE **SD** ☐ Delete
NAME **PLATT, LARRY A**
STREET ADDRESS **2601 DIPLOMAT DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **T** ☒ Delete
NAME **ROBINSON, WILLIAM**
STREET ADDRESS **2965 POSPISIL AVENUE N.E.**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **ACHIN, DENISE**
STREET ADDRESS **212 E. HAVEN DR.**
CITY-ST-ZIP **W. MELBOURNE, FLA 32904**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE OF DENISE ACHIN

2/6/03 3rd 258 5605

CR2E037 (10/02)