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

Mailing Address

DOCUMENT # 731686

Principal Place of Business

HUDSON SERTOMA CLUB, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

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9750 SUNBEAM DR. 9750 SUNBEAM DR. P. O. BOX 6037 P. O. BOX 6037 NEW PT RICHEY FL 34654 NEW PT. RICHEY FL 34654 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number-59-2386381 City & State ____ City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAZZUCO, LORETTA R. Street Address (P.O. Box Number is Not Acceptable) 9750 SUNBEAM DR. **NEW PT RICHEY FL 34654** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable تالي Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition SD TITLE TITLE □ Delete MAZZUCO, LORETTA NAME NAME STREET ADDRESS 9750 SUNBEAM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL** ☐ Change Addition Delete TITLE MAZZUCO, MARIANO-NAME-NAME STREET ADDRESS STREET ADDRESS 9750 SUNBEAM DR CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** ☐ Change Addition ☐ Delete TITLE TITLE SUEHLA, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 8410 AFTON LANE CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 Addition Change ☐ Delete TITLE TITLE ROSTEL, TAMMY NAME NAME 6814 CARPEL DR. STREET ADDRESS STREET ADDRESS NEW PORT RICHEY. FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLÉ TITLE NAME NAME STREET ADDRESS 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. フみ7

SIGNATURE