

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90220 006 \*\*\*\*61.25

**DOCUMENT # 732556**

1. Entity Name

**GEM AND MINERAL CLUB OF DELAND, INC.**

Principal Place of Business

Mailing Address

113 CHIPOLA AVE  
 DELAND FL 32721-7265

135 E. GOODHEART AVENUE  
 LAKE MARY FL 32746  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1788088**

Applied For

Not Applicable

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

**BEILER, THEODORE W.**  
**813 OAK TREE TERRACE**  
**DELAND FL 32724**

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 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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REED, KEN	
STREET ADDRESS	1113 CASS STREET	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, JOHN	
STREET ADDRESS	414 S. RIDGEWOOD DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, BERYL	
STREET ADDRESS	414 SOUTH RIDGEWOOD AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARR, KATHLEEN	
STREET ADDRESS	135 EAST GOODHEART AVENUE	
CITY-ST-ZIP	LAKE MARY FL 32746-2809	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLAND, KEVIN	
STREET ADDRESS	5400 OHIO AVENUE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REED, YOLANDA	
STREET ADDRESS	1113 CASE ST.	
CITY-ST-ZIP	DELAND FL 32720	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilma Wilkins	
STREET ADDRESS	1404 N. GARFIELD AV	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Morrow	
STREET ADDRESS	109 W INDIANA AV	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yolanda Reed	
STREET ADDRESS	1113 CASS ST	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Carr	
STREET ADDRESS	135 GOODHEART AV	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Rowland	
STREET ADDRESS	5400 OHIO AV	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Young	
STREET ADDRESS	2344 DARTMOUTH RD	
CITY-ST-ZIP	DELAND, FL 32724	

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:**

*Kathleen Carr* 1/14/02 407 3213059  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)