

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90023 023 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 739859

1. Entity Name
THE MASSACHUSETTS CLUB INC.

Principal Place of Business
2013 MAUI DRIVE
HOLIDAY FL 34691
US

Mailing Address
2013 MAUI DRIVE
LOT 18
HOLIDAY FL 34691
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City State

Zip **Country** **Zip** **Country**

4. FEI Number **59-2972226** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75. Additional Fee Required**

6. Name and Address of Current Registered Agent
MARBLE, MARGARET F
2013 MAUI DR
LAKE CONLEY
HOLIDAY FL 34691

7. Name and Address of New Registered Agent
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 MARGARET F. MARBLE TREASURER 1-6-01
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 ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, ROSE ELLEN 4800 DOGWOOD ST. NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP DUBE, EMILY 8935 BAR 1 COURT NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGNARD, ANDI 3708 BYWATER DRIVE LAKE CONLEY HOLIDAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARBLE, MARGARET F 2013 MAUI DR HOLIDAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. SKINNER, BARBARA 1731 DOUBLOOM DR HOLIDAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLO, FRANK 10320 VIRIDIAN DRIVE PORT RICHEY FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROLAND GIROUD 4265 McCLUNG DR. N. P. R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BERNARD DIGNARD 2708 BYWATER DR HOLIDAY FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE STASKIEWICZ 2039 Hilo DR HOLIDAY FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIOLA TOKARZ 2039 Hilo DR HOLIDAY FL	<input type="checkbox"/> Change <input checked="" 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		<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: MARGARET F. MARBLE 1-6-01 727-938-845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)