2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

FILED
May 01, 2002 8:00 am
Secretary of State
04-01-2002 90606 002 ****61.25

DOCUMENT # 739859

1. Entity Name

THE MASSACHUSETTS CLUB INC.

Principal Place of Business	Mailing Address
2013 MAUI DRIVE HOLIDAY FL 34691 US	2013 MAUI DRIVE LOT 18 HOLIDAY FL 34691 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2039 Hilo Dr.	2039 Hilo Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday FL.	City & State: Holiday FL.
Zip: 34691 Country: US	Zip: 34691 Country: US

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	7. Name and Address of New Registered Agent
MARBLE, MARGARET F 2013 MAUI DR LAKE CONLEY HOLIDAY FL 34691	Name: Staskiewicz, Grace Street Address (P.O. Box Number is Not Acceptable): 2039 Hilo Dr. City: Holiday FL Zip Code: 34691

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: GRACE STASKIEWICZ Grace Staskiewicz, Treas. DATE: 3/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S - D KELLY, ROSE ELLEN 4800 DOGWOOD ST. NEW PORT RICHEY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP DIGNARD, BERNARD 2708 BY WATER DRIVE HOLIDAY FL	☒ Delete	PP - D Girouard, Roland 4205 McClung Dr, New Port Richey, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGNARD, ANDI 3708 BYWATER DRIVE LAKE CONLEY HOLIDAY FL	☐ Delete	V.P. - D Dignard, Andi 3708 Bywater DR, Holiday, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARBLE, MARGARET F 2013 MAUI DR HOIDAY FL	☒ Delete	T - D Staskiewicz, Grace 2039 Hilo Dr. Holiday, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SKINNER, BARBARA 1731 DOUBLOOM DR HOLIDAY FL	☐ Delete	P - D Skinner, Barbara 1731 Doubloom Dr. Holiday, Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELLO, FRANK 10320 VIRIDIAN DRIVE PORT RICHEY FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: GRACE STASKIEWICZ Grace Staskiewicz, Treas. 3/21/02 727-934-0801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #