

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740645

1. Entity Name

SINGLES ASSOCIATION OF FLORIDA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90036 008 ****61.25

Principal Place of Business

1527 THOMPSON RD
LITHIA FL 33547
US

Mailing Address

1527 THOMPSON RD
LITHIA FL 33547-2833
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

59-1790163

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

SPENCER, MARGE
1527 THOMPSON RD
LITHIA FL 33547

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 PD ☒ Delete
NAME SPENCER, MARGE
STREET ADDRESS 1527 THOMPSON RD
CITY-ST-ZIP LITHIA FL 33547

TITLE VPD ☐ Change ☐ Addition
NAME Betty Phillips
STREET ADDRESS 225 7th Way
CITY-ST-ZIP Interlachen, FL 32148

TITLE VPD ☐ Delete
NAME TONN, LARRY
STREET ADDRESS 14480 N. HIGHWAY 441
CITY-ST-ZIP CITRA FL 32113

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

TITLE SD ☒ Delete
NAME TUPPER, VIRGINIA
STREET ADDRESS 16 LAKEPOINT CIR.
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE SD ☐ Change ☐ Addition
NAME DOROTHY STONE
STREET ADDRESS 5975 FOREST HILL BLVD # 105
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE TD ☐ Delete
NAME COSCO, JOAN P
STREET ADDRESS 5971 LAPINATA BLVD., #C-2
CITY-ST-ZIP GREENACRES FL 33463

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOAN P. COSCO, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

561-
837-5800

Daytime Phone #

CR2E037 (9/99)