

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 05, 2001 8:00 am
Secretary of State

05-14-2001 90060 035 ****61.25

DOCUMENT # 740645

1. Entity Name

SINGLES ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1527 THOMPSON RD
LITHIA FL 33547
US

1527 THOMPSON RD
LITHIA FL 33547
US

2. Principal Place of Business

11132 SE 128th Place Road

3. Mailing Address

11132 SE 128th Place Road

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Ocklawaha Fl

City & State

Ocklawaha Fl

Zip

32179

Country

Marion

Zip

32179

Country

Marion

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

SPENCER, MARGE
1527 THOMPSON RD
LITHIA FL 33547

7. Name and Address of New Registered Agent

Name

Patricia Walker

Street Address (P.O. Box Number is Not Acceptable)

11132 SE 128th Place Rd

City

Ocklawaha

FL

Zip Code

32179

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 Patricia Walker

Patricia Walker Treasurer

4-28-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Re-learned 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

TITLE	VPD	☐ Delete
NAME	PHILLIPS, BETTY	
STREET ADDRESS	225 7TH WAY	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	P	☐ Delete
NAME	TONN, LARRY	
STREET ADDRESS	14480 N. HIGHWAY 441	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	SD	☒ Delete
NAME	STONE, DOROTHY	
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		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☒ Addition
NAME	Ann Tennant	
STREET ADDRESS	17679 NE 246 Rd	
CITY-ST-ZIP	7th McCoy, FI 32134	
TITLE	TD	☒ Change ☒ Addition
NAME	Patricia Walker	
STREET ADDRESS	11132 SE 128th Place Road	
CITY-ST-ZIP	Ocklawaha, FI 32179	
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: Patricia Walker Treasurer

4-28-01

352-288-6229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37 (10/00)