

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741546

1. Entity Name

GOLDEN AGE CLUB OF MULBERRY, FLA., INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90031 029 ****61.25

Principal Place of Business

901 NE 5TH STREET
MULBERRY FL 33860

Mailing Address

901 NE 5TH STREET
MULBERRY FL 33860-2518

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

NOT APPLICABLE

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

ELLIS, JUANITA W.
606 1ST AVENUE N.W.
MULBERRY FL 33860

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	V	<input type="checkbox"/> Delete
NAME	WHEELER, PAULINE	
STREET ADDRESS	600 NW 9TH ST.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, BOB	
STREET ADDRESS	600 NW 9TH ST.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAY, GUILDA	
STREET ADDRESS	504 12TH AVE NE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, MARGARET	
STREET ADDRESS	3005 BAILEY RD.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, NEWITT	
STREET ADDRESS	1206 6TH AVE NE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEEK, CECIL	
STREET ADDRESS	802 NE 12TH AVE	
CITY-ST-ZIP	MULBERRY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pauline Wheeler 3-8-00 863-425-3423

CR2E037 (9/99)