

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90114 005 ****61.25

0087079

DOCUMENT # 741546

1. Entity Name

GOLDEN AGE CLUB OF MULBERRY, FLA., INC.

Principal Place of Business

**901 NE 5TH STREET
MULBERRY FL 33860**

Mailing Address

**901 NE 5TH STREET
MULBERRY FL 33860**

00005543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

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

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

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:

Pauline Wheeler **PAULINE WHEELER** 1-8-01 863-425-3423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)