2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741841

1. Entity Name

THE PACESETTERS' CLUB, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90229 005 ****61.25

COLLA FL 35674 COLLA FL 35674 2. Principal Pace of Business Sale: Apt # etc. City & State City & FL						TOO WE SE	-				
2. Protopal Place of Business Sules Apt # etc. City & State Country Zo Country Zo Country Zo Country So So Certificate of Status Desired \$8.75 Additional Fee Required \$9.75 S.W. ST IST. COLAL FL 34474 City FL Zg Code \$9. Street Address (P.O. Box Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable) FL Zg Code \$1.00 See Number is Not Acceptable to Florida Department of State FL Substitutions FL Substitutions Sp	1765 S.W. 5TH ST. 176			1765 S.W. 5TH ST.							
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Post Applicable Post Pos	Suite, Apt. #, etc.			Suite, Apt. #, etc.			. ☐ CHECK HERE IF MAKING CHANGES				
Signature of Status Desired See Address of Status Desired See Required See Required Signature See Address of Status Desired See Required Signature See Address of New Registered Agent Name Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptabl	City & State			City & State			4. FEI Number NOT APPLICABLE Applied For				
6. Name and Address of Current Registered Agent GARVIN, RUBY L 1765 S.W. 5TH ST. OCALA FL 34474 City City FL Zp Code 8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. In the Now, in the State of Plorida Planta of Re	Zip	Country Zip			Cour	untry 5 Certificate of Status Desired 7 \$8.75 Additional			ditional		
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		L. sertify that the information supplied	with this filing	does not qualify for			ection 119 07(3)(i) Flo	orida Statutes I further certif	v that the in	nformation	

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 eath; 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: