2003 NOT-FOR-PROFIT CORPORATION

Mar 13, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State **DOCUMENT # 741922** 1. Entity Name 03-13-2003 90063 049 ****61.25 BUTTONS AND BOWS SQUARE DANCE CLUB, INC. Principal Place of Business Mailing Address 460 SOUTH INDIANA AVENUE 460 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223-3702 ENGLEWOOD FL 34223-3702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1840394 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired .Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKINSON, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 460 SOUTH INDIANA AVENUE **ENGLEWOOD FL 34223** Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE V 🖺 Delete Addition Channe NAME COLLINS, KEN RIDER THECEP RIDER NAME STREET ADDRESS 4189 ORMOND ST 175 AVALON STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 33948** CITY-ST-ZIP YENICE, FL 34293 TITLE WAYNE + PAT BARRUP Change ☐ Delete TITLE NAME WOOLEY, GEORGE NAME 6125 REDWING AVE DIRECTOR STREET ADDRESS 12300 HERNANDO RD DIRECTOR STREET ADDRESS ENECEMOOGLES 34384 CITY-ST-ZIP NORTH PORT FL 34287 CITY-ST-ZIP TITLE T

ENGLEWOOD FL 34224 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

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE:

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NAME

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TITLE

NAME

BEST. WINFRED

1067 HUMBOLT ST

BERNARDO, EVELYN

ENGLEWOOD FL 34223

INGELS, ANN & HOWARD

ENGLEWOOD FL 34223

SHAW, MORRILL & E.

8141 LANDINGS LANE

20 DEER LANE

1415 CORTES DR

ENGLEWOOD FL 34224

SIGNATURE REQUIREDIN Unge

PRESIDENT

IREASURER

DIFECTOR

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