

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90408 030 ****61.25

DOCUMENT # 750971

1. Entity Name

THE EXPLORER'S CLUB, CENTRAL FLORIDA CHAPTER, IN

Principal Place of Business

Mailing Address

P O BOX 620429
 OVIEDO FL 32762-429
 US

P O BOX 620429
 OVIEDO FL 32762-429
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1266958

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

7. Name and Address of New Registered Agent

~~PHILLIPS, R. PATRICK~~
~~200 N. THORNTON AVENUE~~
~~ORLANDO FL 32801-9164~~

Name

JOHN E. WAITE

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

500 TREAS ISLAND C'Y, #504

City

TREASURE ISLAND FL

Zip Code

33706

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

John E. Waite

April 28, 2001

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 **SD** ☐ Delete
 NAME **WHITTIER, HENRY O**
 STREET ADDRESS **P O BOX 620429 N/A**
 CITY-ST-ZIP **OVEIDO FL 32762-0429**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** ☐ Delete
 NAME **LEE H. CLIFFORD**
 STREET ADDRESS **300 MELROSE AVE. #A-24**
 CITY-ST-ZIP **WINTER PARK FL 32789-5605**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **TCHelistCHEFF, VICTOR**
 STREET ADDRESS **384 DESOTO DR**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32069**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PRITCHARD, PETER**
 STREET ADDRESS **401 CENTRAL AVENUE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **WIATE, JOHN E.**
 STREET ADDRESS **500 TREASURE ISLAND CAUSEMWAY #504**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Change ☒ Addition
 NAME **WAITE JOHN E**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

John E. Waite

Apr 28 2001

(721)

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CR2E037 (10/00)