

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760156

1. Entity Name

CENTURY 21 SOCIAL AND SPORTS CLUB INC.



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90101 040 \*\*\*\*61.25

Principal Place of Business

%ROBERT B. BURANDT  
P. O. BOX 535  
CAPE CORAL FL  
US

Mailing Address

%ROBERT B. BURANDT  
P. O. BOX 535  
CAPE CORAL FL  
US

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

BURANDT, ROBERT  
1714 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE PD ☐ Delete  
NAME HUELAHE, MADELINE  
STREET ADDRESS 461 APOLLO DRIVE  
CITY-ST-ZIP FT MYERS FL 33408

TITLE VPD ☐ Delete  
NAME GEABES, JOAN  
STREET ADDRESS 599 GEMINI CT  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE VPD ☐ Delete  
NAME SUTTON, WILLIAM  
STREET ADDRESS 409 MERCURY WAY  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE SD ☒ Delete  
NAME PEASE, ALICE  
STREET ADDRESS 611 GEMINI CT  
CITY-ST-ZIP FT MYERS FL 33908

TITLE TD ☐ Delete  
NAME EASLUCK, GRACE  
STREET ADDRESS 530 MARS DRIVE  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE SD ☐ Change ☒ Addition  
NAME GEABES, JOAN  
STREET ADDRESS 599 GEMINI CT  
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ Change ☐ Addition  
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:

*Handwritten Signature* **REQUIRED** (TD)

8-11-00

941 466292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)