

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90171 024 ****70.00

DOCUMENT # 761164

1. Entity Name

THE S.B.C. 6954, INC.

Principal Place of Business

9020 W ATLAS DR
HOMOSASSA FL 34446
US

Mailing Address

PO BOX 1419
HOMOSASSA SPRINGS FL 34447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2629798

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

OBERT, FATHER MARTIN D.
7040 S SUNCOAST BLVD
HOMOSASSA FL 34446

Name

Edward E. Brokhoff

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

1567 N. MARLBOROUGH LOOP

City

CRYSTAL RIVER

FL

Zip Code

34429-8714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward E. Brokhoff

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-20-02

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MCCARTY, JAMES
STREET ADDRESS 4702 W OLD CITRUS RD
CITY-ST-ZIP LECANTO FL 33461

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

TITLE VP ☐ Delete
NAME MATTINGLY, CHARLES
STREET ADDRESS 4344 W. GLEN STREET
CITY-ST-ZIP LECANTO FL

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

TITLE DT ☐ Delete
NAME MCCAULEY, ARTHUR
STREET ADDRESS 7017 W. WALDEN WOODS DR
CITY-ST-ZIP HOMOSASSA FL 34446

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

TITLE D ☐ Delete
NAME PEARSALL, DONALD
STREET ADDRESS 34 PAGODA DRIVE
CITY-ST-ZIP HOMOSASSA FL

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

TITLE D ☐ Delete
NAME NADOLNY, FRANK S
STREET ADDRESS 10455 S SUNCOAST #77
CITY-ST-ZIP HOMOSASSA FL

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

TITLE SD ☐ Delete
NAME GUERTIN, RAOUL
STREET ADDRESS 33 BIRCH TREE ST.
CITY-ST-ZIP HOMOSASSA FL

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:

James J. McCarty

8-20-02

352-746-2552

CR2E037 (4/02)